



## Charitable Donation Form

Please print your company/name exactly how you would like to be listed on Gala marketing materials:

Company/Name:		Email:	
Address:	City:	State:	Zip:
Contact/Authorized By:		Title:	
Phone:	Fax:		

### **Why do you want to make a donation to your Community Foundation?**

Check all applicable answers

- To support local citizens by impacting those in need
- To strengthen the bond I have with my community and state region
- To multiply the impact of other donations
- I trust the Community Foundation of Southern New Mexico team to wisely allocate my donation by serving, connecting, and supporting needs I am passionate about
- I specifically appreciate the following needs CFSNM aids:
  - Abuse prevention and response
  - Art advocacy
  - Care for domestic animals
  - Children and family well-being
  - Connection to regional branches of large charity organizations
  - Educational resources
  - Environmental advances
  - Healthier lifestyle commitments
  - Homelessness and housing development/preservation
  - Support for the elderly
  - Women leadership

## **Donation Commitment:**

Donation Amount: \$ \_\_\_\_\_

Donation Date: \_\_\_\_\_

Please submit your donation payment no later than **September 7, 2019**

*A donation of \$350.00 or more will give the donor the opportunity to be listed in our 2019 Gala marketing materials, but only if paid in full by August 2, 2019.*

Is there a company form CFSNM needs to sign to use your company/name?  Yes  No

Are there any restrictions to using your company/name?  Yes  No

Please list restrictions, if any: \_\_\_\_\_

\_\_\_\_\_

## **Payment Information:**

- I want to make a credit card payment by filling out the attached credit card form.
- I want to make a credit card payment by calling the CFSNM office to pay over the phone.
- I want to make a check payment:
  - \*Checks should be addressed to **The Community Foundation of Southern New Mexico**
  - I will mail in my check payment to the CFSNM office.
  - I will hand deliver my check payment to the CFSNM office.
- I want an invoice sent to the address listed above.

I, \_\_\_\_\_ (*print name*), have authorized the above agreement to be a 2019 Gala table sponsor for the Community Foundation of Southern New Mexico (CFSNM). I understand the obligation I have as a table sponsor to provide the needed information to CFSNM so their team can fulfill their obligation to my business per this agreement.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

CFSNM Witness Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this form and returning it to: **Alexia Goodwin, Special Events Coordinator**

*Drop off or mail to:* **C/O Community Foundation of Southern New Mexico  
2600 El Paseo Road, Las Cruces, NM 88001**

*Scan and email to:* **alexia@cfsnm.org** *For questions call:* **575-521-4794**

The Community Foundation of Southern New Mexico is a 501 (c)(3) non-profit organization  
tax identification number is #85-0455682

*Your support allows your Community Foundation the opportunity to continue making a meaningful impact in the lives of those living in southern New Mexico.*