



Donation Form

To be used by HCF Partner Funds when collecting monies on behalf of your Fund at HCF

Date: _____

Donor Name: _____

Donor Address: _____

Donor Phone #: _____

Donor Email: _____

Contact Person:
(if different from donor)

Phone #: _____

Name of Fund: _____

Special Purpose: _____
(if any)

Amount: _____

Received by: _____

Internal Use Only

Fund Name: _____

Amount Deposited: _____

Date Deposited: _____

Fund Balance: _____

HCF Board Initials: _____

Please submit completed, signed form(s) with monies to:

2756 N. Green Valley Pkwy, Suite 268

Henderson, NV 89014

(702) 952-2640

info@hendersoncf.org