



Donation Form

To be used by HCF Partner Funds when collecting monies on behalf of a component fund at HCF

Name of Fund*: _____

Donor Name: _____

Date: _____

*This fund is a component fund of the Henderson Community Foundation, a recognized 501(c)3 corporation in the state of Nevada.

Fill out Donor Address below or, if info on check is correct, check here:

Donor Address: _____

Donor Phone #: _____

Donor Email: _____

Contact Person: _____
(if different from donor)

Phone#: _____

Special Purpose: _____
(if any)

Amount: \$ _____

Were any goods or services provided to the donor in exchange for the contribution? Yes No

If Yes, what was the value \$ _____ and provide a description:

Internal Use Only
Fund Name: _____
Amount Deposited: _____
Date Deposited: _____
Fund Balance: _____
HCF Board Initials: _____

Received by: _____

Please submit completed, signed form(s) with monies to:
Henderson Community Foundation
2756 N. Green Valley Pkwy, Suite 268
Henderson, NV 89014
(702) 952-2640
info@hendersoncf.org