



CONTRIBUTION FORM

Name of the Fund: _____

Amount of Contribution: _____

Donor _____

Address _____

City, State, Zip Code _____

The Foundation **(may) (may not)** announce publicly the Donor's name and the fact of the Donor's contribution? [circle one]

Is the contribution pursuant to a pledge to the Foundation?
YES NO [circle one]

By signing this form, the Donor acknowledges that the contribution described in the form is irrevocably made to the Foundation and that the Foundation shall add the contribution to the Fund in accordance with and subject to the terms and provisions of the agreement establishing the Fund executed on _____, 20 ____.

Donor's Signature _____

Date _____

Send to: SPCCF, PO Box 75, Nahcotta WA 98637

Adopted July 14, 2014