

Siouxland Big Give Donation Sheet

If your donation is **\$50 or more** and you would like a receipt, please fill out the following information. To help reduce costs and support sustainability, we encourage you to receive your receipt via email.

DONOR INFORMATION:

Full Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address (for receipt): _____

DONATION INFORMATION:

- Amount of Donation \$ _____

- Donation Method:

Cash

Check (Payable to "Siouxland Community Foundation")

- Organization(s) You Wish to Support:

(Please ensure each individual donation is **at least \$10** per organization)

Organization Name: _____

Amount: \$ _____

Organization Name: _____

Amount: \$ _____

Organization Name: _____

Amount: \$ _____

Minimum Donation

Please note: The minimum donation to allocate to any one organization is **\$10**. If you are donating to multiple organizations, each donation must meet or exceed this amount.