

Donation Remittance Form



Date _____ Affiliate Name _____

Fund Representative _____

Person's First and Last name or Business Name*	Mailing Address (Street or P.O. Box)	City	State	Zip Code	Total Amount of Check	Check Date	Check #	Add to Endowment or Grantable?	Anonymous?	Memorial or Honorarium? **

*A business check cannot be used for a personal contribution. The charitable contribution will be given to the name/person/business identified on check.

** If a donation is intended to be an honorarium or memorial gift, please complete section on page 2 of this form.

When completed, print and sign on page 2.

Donation Remittance Form

Procedures:

1. For each check/transaction, all fields must be complete to be processed.
2. All donations should indicate appropriate fund placement (*endowment or grantable*). For donations intended to pay for administrative expenses, a grant recommendation must be processed from the portal. Please refer to the Affiliate Policies and Procedures manual for questions.
3. If not otherwise specified, all donations are deposited into the endowment.
4. If the gift is intended to be a memorial or honorarium, please indicate who should receive the notification letter below. For each gift, please fill in all information.
5. Affiliate Donation Remittance Form must be signed (electronic signature is accepted) by the Fund Representative to be processed.
6. Should you need additional space, please use additional forms.
7. Please mail this form with corresponding checks to:
Montana Community Foundation
PO Box 1145
Helena, MT 59624

Person's First and Last name or Business Name*	Mailing Address (Street or P.O. Box)	City	State	Zip Code	To which donation does this link? (list donor name from page 1)

For assistance, please contact Maggie Sullivan, Local Community Foundations Program Associate: Maggie@mtcf.org

Signature of Fund Representative or Designated Individual

Date