



Charitable Donation Form

Please print your company/name exactly how you would like to be listed on Gala marketing materials:

Company/Name:		Email:	
Address:	City:	State:	Zip:
Contact/Authorized By:		Title:	
Phone:	Fax:		

Why do you want to make a donation to your Community Foundation?

Check all applicable answers

- To support local citizens by impacting those in need
- To strengthen the bond I have with my community and state region
- To multiply the impact of other donations
- I trust the Community Foundation of Southern New Mexico team to wisely allocate my donation by serving, connecting, and supporting needs I am passionate about
- I specifically appreciate the following needs CFSNM aids:
 - Abuse prevention and response
 - Art advocacy
 - Care for domestic animals
 - Children and family well-being
 - Connection to regional branches of large charity organizations
 - Educational resources
 - Environmental advances
 - Healthier lifestyle commitments
 - Homelessness and housing development/preservation
 - Support for the elderly
 - Women leadership

Donation Commitment:

Speakeasy Party Box: \$500.00

Yes: No:

General Donation Amount: \$ _____

Donation Date: _____

Please submit your donation payment no later than **October 2, 2020**

Is there a company form CFSNM needs to sign to use your company/name? Yes No

Are there any restrictions to using your company/name? Yes No

Please list restrictions, if any: _____

Payment Information:

- I want to make a credit card payment by filling out the attached credit card form.
- I want to make a credit card payment by calling the CFSNM office to pay over the phone.
- I want to make a check payment:
 - *Checks should be addressed to **The Community Foundation of Southern New Mexico**
 - I will mail in my check payment to the CFSNM office.
 - I will hand deliver my check payment to the CFSNM office.
- I want an invoice sent to the address listed above.

I, _____ (*print name*), have authorized the above agreement to be a 2020 Gala table sponsor for the Community Foundation of Southern New Mexico (CFSNM). I understand the obligation I have as a table sponsor to provide the needed information to CFSNM so their team can fulfill their obligation to my business per this agreement.

Signature: X _____ Date: _____

CFSNM Witness Signature: X _____ Date: _____

Thank you for completing this form and returning it to: **Terra V. Winter, President and CEO**

Drop off or mail to: **C/O Community Foundation of Southern New Mexico
2600 El Paseo Road, Las Cruces, NM 88001**

Scan and email to: **terra@cfsnm.org** For questions call: **575-521-4794**

The Community Foundation of Southern New Mexico is a 501 (c)(3) non-profit organization tax identification number is #85-0455682

Your support allows your Community Foundation the opportunity to continue making a meaningful impact in the lives of those living in southern New Mexico.