

WECRD AQUATIC CENTER COMMUNITY CAMPAIGN

PLEASE RETURN THIS FORM WITH YOUR GIFT

RECREATION FOUNDATION OF ELMORE COUNTY, INC. GIFT FORM

Please print:

Donor/Company Name(s):

Contact Person:

Address: _____

City _____ **State** _____ **Zip** _____

Phone (Work) _____ **(Cell)** _____

E-mail _____

GIFT AMOUNT _____

CONTRIBUTION METHOD:

____ Cash

____ Check (Made payable to Recreation Foundation of Elmore County, Inc)

____ Stock (Jack Walborn, LPL Broker, will manage transaction, 208.599.1682)

Please print your name or the person, organization or company you are paying tribute to, as you would like it to appear in formal recognitions and/or publications.

DONOR SIGNATURE _____

Return this form to:

Recreation Foundation of Elmore County, Inc.

245 E. 6th South, Mountain Home, ID 83647

(208)866-6263 or (208)580-2377 www.wecrd.org