



Donation Form

First Name: _____ Last Name: _____

I would like this donation to be Anonymous? Yes No

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email Address: _____

Gift Information:

Please apply my gift to the following WFACF Fund: _____

Gift Amount: _____

Memorial/Honorarium Information:

I would like my gift to be made in:

Memory of

Honor of

Name of person to be recognized: _____

Name of person(s) to send acknowledgement of memorial/honorarium donation:

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip: _____

List Donation as From: _____

Special Instructions/Comments: _____

Make check payable to:

Wichita Falls Area Community Foundation
2405 Kell Blvd, Ste. 100
Wichita Falls, TX 76308