Wichita Falls Area COMMUNITY FOUNDATION

We would love to help tell your story!

*In **150 words or less,** tell us...*

How a grant you have received has helped support your mission or a client who benefits from your services.

We know about your organization—**so no need to tell us what you do**—we want to know how the grant positively impacted your organization! Please complete and return within 15 days from receipt of grant check, and mail to the following address:

Wichita Falls Area Community Foundation
2633 Plaza Parkway
Wichita Falls, TX 76308 OR Fax: 940-766-2861 OR Email: Savannah Morales smorales@wfacf.org

This grant helped us:

Name of Organization: _____ **Contact Name:** _____ **Phone #:** _____