

2023 Give Where You Live Day Donation Form

For Office Use Only:
Check #: _____
Cash Receipt: _____
Credit Card: _____

DONOR NAME(S) _____

PHONE # _____ *EMAIL _____

STREET ADDRESS _____ CITY/ST/ZIP _____

DCCF publishes donor names on our website. Please check here ONLY if you wish to remain anonymous: _____

*Indicate e-mail address above to receive an electronic gift acknowledgment for tax purposes. We do not share e-mail addresses.

Write donation amount on the line next to each organization. Gifts up to \$6,000 per organization will be eligible for a 50% match up to a maximum of \$3,000 in matching funds per organization.

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|--|--|
| _____ Amberwell Hiawatha Foundation | _____ Highland Community College Foundation |
| _____ Denton Community Enhancement | _____ Doniphan County |
| _____ Dolly Parton Imagination Library | _____ Highland Pride Fund |
| _____ Doniphan County | _____ Kaden's Kloset: Troy Fund |
| _____ Doniphan Chamber Events & Promotions Fund | _____ Kanza Mental Health Foundation |
| _____ Doniphan Chamber Scholarship Fund | _____ Library District #1 Doniphan County Fund |
| _____ Doniphan Co. Public and Home Health | _____ NEK-CAP, Inc. Doniphan County Urgent Needs |
| _____ Project Fund | _____ Northeast KS Area Agency on Aging |
| _____ Doniphan County 4-H Organization Fund | _____ Doniphan County |
| _____ Doniphan County Community Foundation Fund | _____ Riverside USD 114 Foundation Fund |
| _____ Doniphan County Fair Association | _____ St. Benedict Catholic Church |
| _____ Doniphan County Fire District #2 | _____ (Bendena, KS) Improvement |
| _____ Firefighters Fund | _____ St. Joseph Catholic Church- Wathena |
| _____ Doniphan County Pet Rescue | _____ Troy Christian Church |
| _____ Doniphan Darlings Inc. | _____ Troy Pool Fund |
| _____ Elwood United Community Church Fund | _____ USD 429 Troy Schools Foundation Fund |
| _____ Highland Christian Church Improvement Fund | _____ Wathena American Legion Auxiliary 161 Fund |
| _____ Highland City Community Fund | _____ Wathena Community Enhancement Fund |
| _____ SUB-TOTAL (Row 1) | _____ SUB-TOTAL (Row 2) |

If paying by check, please write ONE CHECK made out to DCCF for the TOTAL amount of your donation.

TOTAL DONATION (Row 1 + Row 2): \$ _____



- Drop off at Troy Library on Friday, Decemeber 1 from 10 AM - 2 PM
- Drop off at one of our many drop off locations listed on GiveWhereYouLiveDay.com
- Mail form with check to DCCF, P.O. Box 11, Troy, KS 66087 postmarked by 12/4/2023
- Visit GiveWhereYouLiveDay.com to complete your donation between 12/1, 12:00 AM and 12/4, 11:59 PM