



# General Donation Form

First and Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I would like to make a one-time donation in the amount of:

\_\_\_\_\_ \$5,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$500 \_\_\_\_\_ \$250 \_\_\_\_\_ \$100 \_\_\_\_\_ Other

Does your employer match donations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide your Employer Name, Address and Contact Information for matching donations.

\_\_\_\_\_

## DONATION DESIGNATION

\_\_\_\_\_ Please consider my gift unrestricted

- OR -

Please designate my gift to one of the following:

\_\_\_\_\_ Hudson Memorial Stadium

\_\_\_\_\_ Other Athletic Facilities

\_\_\_\_\_ Arts Fund

\_\_\_\_\_ Language Fund

\_\_\_\_\_ Arts in Residence Fund

\_\_\_\_\_ Speakers Series Fund

\_\_\_\_\_ Operating Funds

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

*Hudson Community Foundation is a tax-exempt, nonprofit corporation under I.R.C. Sec 501(c)(3), to which tax-deductible contributions may be made. A letter acknowledging receipt of your donation will be provided for tax purposes upon payment of the pledge. Payments must be received before the end of the year to be eligible for a tax deduction in that year.  
There is no minimum contribution amount.*

**ACKNOWLEDGEMENT INFORMATION**

Please indicate how you wish to have your name appear in publications:

\_\_\_\_\_

- OR -

\_\_\_\_\_ I (we) wish to have our gift remain anonymous

Please acknowledge this gift \_\_\_\_\_ In honor of or \_\_\_\_\_ In memory of the following name(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PAYMENT INFORMATION**

Check Enclosed

Make checks payable to: **Hudson City Schools Foundation • P.O. Box 473 • Hudson, OH 44236**

Pay by Credit Card (*Visa, MasterCard, Discover or American Express*)

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVN Code: \_\_\_\_\_

I authorize Hudson Community Foundation to charge the credit card listed, as agreed to the terms above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please contact Ed Sogan at 330-592-4429 or email us at [info@hudsonschoolsfoundation.com](mailto:info@hudsonschoolsfoundation.com)

*Thank You!*

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