



Contribution Form

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| Name: | |
| Address: | |
| Phone: | Email: |

My donation should go to the following fund:

| | |
|--|--|
| <input type="checkbox"/> Youth Subsidy | <input type="checkbox"/> Community Fund (Unrestricted) |
| <input type="checkbox"/> Senior Subsidy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Arts | Please list specific project. |
| <input type="checkbox"/> Pickleball Improvements | |

My donation is:

| | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> IN KIND | Description: _____ Value: _____ |
| Special Instructions: _____ | |
| <input type="checkbox"/> CASH/CHECK | <input type="checkbox"/> Other: _____ |

Please make checks payable to the TOYCF

This gift is made:

| | |
|---------------------------------------|-------------|
| <input type="checkbox"/> Anonymously | |
| <input type="checkbox"/> In Honor of | Name: _____ |
| <input type="checkbox"/> In Memory of | Name: _____ |
| Please send gift recognition to: | |