



Please print this form and complete the information below to ensure proper preparation of your tax receipt (please print clearly).

Today's Date: _____

Amount of Check: \$ _____ payable to Tri-County's Consumer Foundation.

Donor Name: _____

Organization Name (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: _____

Email: (optional) _____

Telephone Number: (optional) _____ Home Mobile

Your questions and feedback are very important to us. Please feel free to contact us at TCCF.US or call (1-936-521-6418). Thank you for your support.