



**MARLINGTON EDUCATION INNOVATION FUND
2020-2021 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.

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):

PAYMENT INFORMATION

___ Check Enclosed

Make checks payable to: **Greater Alliance Foundation**

**The donation is for the Marlinton Education Innovation Fund.*

Signature: _____ Date: _____

Thank You!

All donations will be managed by the Greater Alliance Foundation, a tax-exempt, nonprofit corporation under O.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.