

2022 GIVE BACK TO MOVE FORWARD MATCH DAY DONATION FORM

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

DONOR NAME(S) _____
PHONE # _____ *EMAIL (Required to receive electronic receipt) _____
STREET ADDRESS _____ CITY/ST/ZIP _____

HCF 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.

Please write donation amount on line next to each fund you are giving to.

ANIMALS:

_____ Brown County Humane Society Hiawatha Fund
_____ Ruby Slipper Goat Rescue Fund

_____ Hiawatha Lions Club
_____ Red Hawk Trap Club Fund
_____ Robinson Fire Department

BASIC HUMAN NEED:

_____ Brown County Developmental Services Fund
_____ NEK-CAP, Inc. Student Champions Fund
_____ Northeast Kansas Area Agency on Aging Fund

_____ Jingle Bell Ride Fund

EDUCATION:

_____ Hiawatha High School Alumni Association Fund
_____ Hiawatha Redhawk High School Booster Club
_____ Hiawatha USD 415 Educational Foundation Fund
_____ Highland Community College Foundation Hiawatha Fund

CHILDREN & YOUTH:

_____ Community Latchkey Program
_____ Grains for Hope Foundation
_____ Little Hands, Inc. Fund

FOUNDATION SUPPORT:

_____ Hiawatha Community Foundation Operating Fund

CHURCH:

_____ Zion Lutheran Church
_____ Hiawatha Ministerial Alliance

HEALTH & WELLNESS:

_____ Amberwell Hiawatha Foundation
_____ Amberwell Hospital - Hiawatha
_____ Hiawatha Community Hospital Auxiliary Fund
_____ Kanza Mental Health & Guidance Center, Inc.

COMMUNITY SUPPORT:

_____ Friends of the Morrill Public Library
_____ Hiawatha Cemetery District Association Fund
_____ Hiawatha Chamber and Visitors Bureau Hometown Pride
_____ Hiawatha Championship Sports Complex Fund
_____ Hiawatha Community Foundation Grants Fund

PRESERVATION, CONSERVATION, BEAUTIFICATION

_____ Brown County Genealogical Society Fund
_____ Brown County Historical Society
_____ Wolf River Quail Forever Ch. 3143 Fund

_____ **SUB-TOTAL (Row 1)**

_____ **SUB-TOTAL (Row 2)**

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

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

- If paying with Credit Card at the event, please proceed to donation table.
- If paying online from a remote location visit GiveBackToMoveForward.com to complete your transaction.
- If you provide email address, all gifts will receive an electronic gift acknowledgment for tax purposes.

