



KHAIR Donation Form

Donations to the Foundation qualify for tax-deductibility under IRS regulations, Section 501(c)(3). Tax ID # 20-0395748

Individual Donor Name/Company Name: _____

Contact Person: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone (daytime): _____ Fax: _____ Email: _____

TYPE OF DONATION:

Gift Certificate/Card Gift Basket Product Samples Brochures/Pamphlets **Estimated Value: \$** _____

Description of Donation (quantity, size, color, etc.): _____

TRANSPORTATION OF DONATION:

Donor will deliver/mail donation to CHNCTF Donation needs to be picked up

Specific Terms, Expiration Dates, Restrictions, Instructions: _____

By signing this release, I grant CHNCT Foundation permission to link from its website and/or social media accounts to my website and/or social media accounts. By signing this release, I also grant CHNCT Foundation permission to use my business name and/or business logo on its website and/or social media sites, as well as in its marketing materials, if applicable, related to this donation form.

Donor Signature: _____ Date: _____

Please keep a copy of this form for your records and fax/mail with your donation to:
11 Fairfield Boulevard, Suite 1, Wallingford, CT 06492, or email a pdf file to ktigner@chnct.org.

