

DONATION FORM

I want to make a donation in the amount of: \$ _____

In honor, in memory, for occasion: _____

For specific CFMV Fund:

For Unrestricted Support:

Donor Name and Address: _____

If you would like notice of your donation sent to another person, please give the person's name and address: _____

Please return this form to:

Community Foundation of the Mahoning Valley
11 Federal Plaza Central, Suite 1600
Youngstown, OH 44503-1592

*Please make checks payable to the Community Foundation of the Mahoning Valley.