

## Donation Form for Moments Program

Thank you for supporting the Moments Program to create meaningful experiences in the Twin Falls community. Please complete this form to submit your donation.

### Donor Information

- Business/Individual Name: \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- Address: \_\_\_\_\_

### Donation Type

- ☐ Monetary Donation: \$\_\_\_\_\_ (Your contribution will directly fund \$100 experiences for recipients to enjoy activities such as dining, outings, or other meaningful experiences of their choice.)
- ☐ In-Kind Experience Donation
- Type of Experience: \_\_\_\_\_
- Description: \_\_\_\_\_
- Monetary Value: \$\_\_\_\_\_
- Participants (if applicable): \_\_\_\_\_
- Expiration Date: \_\_\_\_\_

Nonprofit EIN: \_\_\_\_\_

### Terms of Use

- All donations will be used by the Moments Program to support community enrichment.
- For in-kind donations, the stated value is accurate for internal reporting and tax purposes.

### Signatures

- Donor Representative: \_\_\_\_\_ Date: \_\_\_\_\_
- Nonprofit Director: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for contributing to the Moments Program and making a lasting impact in the Twin Falls community!