

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.

Nonprofit Information

- Nonprofit Name: _____
- EIN Number: _____

Donor Information

- Business/Individual Name: _____
- Contact Name: _____
- Phone Number: _____
- Email: _____
- Address: _____

Donation Type

- ☐ Monetary Donation: \$ _____

(Please note: 5% of all monetary donations will be retained by [Nonprofit Name] to support its administrative and other charitable programs. The remaining 95% will be directed to the Moments Program to fund \$100 experiences for recipients to enjoy, such as dining, outings, or other meaningful activities of their choice.)

- ☐ In-Kind Experience Donation
- Type of Experience: _____
- Description: _____
- Monetary Value: \$ _____
- Expiration Date: _____

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.
- 5% of monetary donations will be retained by [Nonprofit Name] to support its other charitable programs and administrative costs.

Signatures

- Donor Representative: _____ Date: _____
- Nonprofit Director: _____ Date: _____