

DONATION FORM

Donor name(s):			
Address:			
City, State, Zip:		Phone:	
Email:			
□Enclosed is a □gift □pledge payment of \$		(payable to Spring Lake Schools Foundation)	
☐ I/We hereby pledge \$	to SLSF, payable in	equal, annual installments of \$	
The first payment of \$	he first payment of \$ 🗆 is enclosed 🔍 will be paid by		
(For pledges, please note: Annua	ıl payment reminders will be	sent to the address given above.)	
Credit Card – You may also do	onate via credit card onlin	e at <u>www.ghacf.org</u> .	
(Please type Spring Lake Schools	Foundation in the "specific f	fund" field.)	
☐ Please contact me to discu	ss my gift at (phone)	day 🗖 evening	
Employer Match			
My employer,		, has a matching gift fund.	
Memorial			
My gift is in honor/memory o	f		
Kindly send an acknowledgemen	t to: (No mention is made of	gift amount in our acknowledgment).	
Name(s)			
Street Address:			
City. State. Zip:			

The Spring Lake Schools Foundation is an endowed fund of the Grand Haven Area Community Foundation and a 501(c) (3) nonprofit organization. In addition to federal charitable gift deductions, gifts made to the Spring Lake Schools Foundation—GHACF qualify for the Michigan Community Foundation 50% state income tax credit, up to the limits allowed by law.