



Minnesota 4-H Foundation

Serving Minnesota Youth Since 1980

Program Funds Gift Receipt and Transmittal Form

Please use this form when sending gifts/donations for county, regional or state programs to the Minnesota 4-H Foundation. Be sure to include all documentation regarding purpose of the contributed funds.

Your Name: _____ Extension Unit: _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____	Donor Name(s): _____ Donor Address for Receipt (if different than address on the check): _____ _____ <i>(You do not need to fill out a form for each check if all checks are being deposited to the same fund. Simply attach a list of all checks and a total of the funds.)</i>
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Please indicate purpose of funds: _____

(Attach any letters or documentation indicating required use of funds.)

Authorized individual for distribution requests: _____ Email: _____ Phone: _____	Name of account to be deposited to: _____ Program fund number (if known): _____ Total gift amount: _____
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Signed: _____
 Title: _____

**Mail to: ATTN: Donor Office
 Minnesota 4-H Foundation
 200 Oak St. SE Suite 270 B
 Minneapolis, MN 55455**