

West Nidaros Foundation

Donor Form



Donor Name _____

Donor Representative _____

Contact Information:

Address _____

Phone: (_____) _____

Email: _____

Donor Representative (Alternate) _____

Contact Information:

Address _____

Phone: (_____) _____

Email: _____

Date of Gift _____

Type of Gift _____

Amount of Gift _____

Type of Distribution (Please check one.)

____ 1. Undesignated

____ 2. Designated annually

Designation _____

Allow representative to change designation? (Please check one.) ____ Yes ____ No

____ 3. Representative designation through Grant Process

Foundation Representative _____ Date _____

Donor/Representative _____ Date _____