

100 WOMEN WHO CARE FLAMBOROUGH-WATERDOWN CHARITABLE DONATION ACCEPTANCE AGREEMENT



100 Women Who Care Flamborough-Waterdown is pleased to present

With a donation, totaling \$ _____

By accepting this donation, _____ agrees to NOT publish or use the individual names and contact information of **100 Women Who Care Flamborough-Waterdown** donors for future solicitations or publicity; and agrees to mail personal receipts/acknowledgment letters for tax deduction purposes to each **100 Women Who Care Flamborough-Waterdown** donor.

The name “**100 Women Who Care Flamborough-Waterdown**” may be used to recognize and/or publicize this donation.

Non-compliance of this agreement will result in denial of considerations for future donations from **100 Women Who Care Flamborough-Waterdown**.

Printed name & title of organization’s authorized representative

Signature

Date

Tax ID Number

Address

City, State/Province, Zip/Postal Code