



Cleveland Clinic

COMMUNITY FUNDRAISING DONATION SUBMISSION FORM

The Power of Every *One*.
CENTENNIAL CAMPAIGN



Date: _____

Name of Event: _____

Name of Coordinator: _____

Email: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Total Amount Enclosed: _____ **Number of Donors Turning in Money:** _____

Donor Name	Address, City, State, Zip Code	Email Address	Gift Amount	Check #	Was this gift a raffle or auction item?	For auction items, please include the Fair Market Value of the item.

- ✓ Please complete and submit this form with all checks/money orders made payable to: The Cleveland Clinic Foundation.
- ✓ Mail to: The Cleveland Clinic Foundation, P.O. Box 931517, Cleveland Ohio 44193.
- ✓ Donor address needed so we can send them a tax receipt for their donation.

Please contact Cara Nething, Community Fundraising Manager, at nethinc@ccf.org or (216) 448-0609 with any additional questions.

Appeal Code: THIRDPTY; Fund: