



# 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](mailto:nethinc@ccf.org) or (216) 448-0609 with any additional questions.

Appeal Code: THIRDPTY; Fund: