

# ILLINOIS FOUNDATION FFA Donation Form

Date:

Amount: \$

Donor's Name:

Address:

City:

State:

Zip Code:

Phone Number:

E-Mail:

THIS DONATION SHOULD BE CREDITED TO: (please check one and fill in the information)

\_\_\_\_\_ the \_\_\_\_\_ Chapter

\_\_\_\_\_ Section # \_\_\_\_\_ at Large

\_\_\_\_\_ State at Large

TYPE OF DONATION: (please check one)

\_\_\_ General Donation to the Foundation

\_\_\_ Memorial – Please credit in memory of \_\_\_\_\_

\_\_\_ In Honor of – Please credit in honor of \_\_\_\_\_

Please send a letter of acknowledgement for my donation to:

Name:

Address:

Please mail this sheet along with your donation to:  
Illinois Foundation FFA  
3221 Northfield Dr.  
Springfield, IL 62702