

Give Carthage Offline Gifts
Return to Zach Clapper
Checks Only

Date: _____

Organization Name: _____

Check Number: _____

Donor Name: _____

Donation Amount: \$ _____

Organization Fund Name: _____

Please note: The CFO is assuming your agency is acknowledging this gift. Offline gifts will be added to your project within 24 hours of being received.

Responsible Party Signature: _____

Community Foundation of the Ozarks
PO Box 8960
Springfield, MO 65801

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