Donation Form

I want to support the CoVantage Cares Foundation with a tax-deductible contribution.



Name		
Address		
City	State	Zip Code
Phone	Email	
CoVantage Credit Union Member	□ Yes	□ No
I want my donation to be kept anonymous	□ Yes	□No
One-time donation amount □ \$25	□ \$50 □ \$100	□ Other \$
I want to donate stocks/bonds:		
CoVantage Cares may accept gifts of publicly traded It is CoVantage Care's policy to liquidate publicly traded Donors are responsible for seeking financial, tax and complying with IRS regulations and policies.	aded securities and stock	s and bonds immediately upon receipt.
I will ask my employer to match my donation to	-	
Please make checks payable to "CoVantage Cal CoVantage Credit Union branch or mail to: CoVa		
Members and non-members may also donate dire	•	your local CoVantage Credit Union.
Please keep this portion as a record of your do Foundation, a non-profit corporation with tax-ex 501(c)(3) of the Internal Revenue Code of 1986 Date of donation Donation amount \$	nation to the CoVanta xempt status under pa	age Cares