

PARK RIVER AREA LEGACY FUND

Gifts of the Harvest

DONATION FORM

Donor Name: _____

Donor Address: _____

City, State and Zip: _____

Donor Phone No: _____

Donor Email Address: _____

Grain Elevator: _____

Grain Elevator Contact Info: _____

**Please transfer _____ of _____
(number of bushels/units) (type of crop)**

To: Community Foundation of GF, EGF and Region
Tax ID#: 45-0448088
620 Demers Avenue
Grand Forks, ND 58201-4531

Contact Info: Becca BahnMiller, Executive Director
701-746-0668 (office)
701-772-3018 (fax)
communityfoundation@gofoundation.org

For the benefit of: Park River Area Legacy Fund

Donor's Signature: _____ Date _____

INSTRUCTIONS FOR THE ELEVATOR: Please call and fax or email a copy of this form to the Community Foundation to establish information for a new account, a properly executed warehouse receipt and instructions for disposition/sale of the commodities.