



DONATION FORM

4204 Crestview Dr SE
Rio Rancho, NM 87124
505-892-1533
RRRCC.org/foundation/

Date: _____

Name: _____

Address: _____
(Credit card billing address)

City: _____ St: _____ Zip: _____

Email: _____

Donation to: _____
Rio Rancho Community Foundation - Grants

Amount of donation \$ _____ Check# _____

Please charge credit card: (please check): Discover___ MC___ Visa___ American Express___

Account number: _____ Exp. Date: _____ CV _____

Print Name on Card: _____

Zip code for card: _____

Signature for card: _____

Please make checks payable to the Rio Rancho Community Foundation
Nonprofit 501(c) 3 EIN#26-1266139

Please save a copy for your tax records