

SWIF Use Only	
Center _____	
Fund _____	
Acct _____	
GJ _____	
Gift _____	

BOLD ECI (EARLY CHILDHOOD INITIATIVE) FUND DONATION FORM

Contribution \$ _____ _____ Check _____ Cash

____ Pledge Payment

*** Purpose of donation:**

_____ **Project Fund (if applicable)**

*** Donor _____ does / _____ does NOT wish to be acknowledged in SWIF and local publications (*check one*)**

*** Please list the donation in SWIF and local publications as a gift from:**

IF APPLICABLE

In Memory of _____

--or--

In Honor of _____

Please note that due to spacing limitations, memorials and honorariums will be limited to name(s) and graduating class, if desired.

Please complete this section if donor information differs than that on the check or for cash donations:

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Mail this form and the donation to:

**Southwest Initiative Foundation
15 3rd Avenue NW
Hutchinson, MN 55350**

Contact SWIF at 1-800-594-9480 for information on credit card gifts

* Denotes information required for accurate processing