



MONTOPOLIS

COMMUNITY DEVELOPMENT CORPORATION

Please mail this form and your check to:

Montopolis CDC
2316 Thrasher Lane
Austin, TX 78741

Please PRINT all information clearly so we can properly process and acknowledge your gift. Thank you!

Date: _____

Enclosed is my check in the amount of \$_____ payable to the Montopolis CDC.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email address: _____

How would you like to receive your receipt? ☐ email ☐ mailing address

Type of Donation

☐ General Donation

☐ Gift in Memory of: _____

☐ Gift in Honor of: _____

Send acknowledgement card to:

Name: _____

Address: _____

City/State/Zip: _____

How would you like the card to be signed? (name or names) _____