

2024 Frankfort Gives Match Day Donation Form

For Office Use Only:

Check #: _____

Cash Receipt: _____

Credit Card: _____

DONOR NAME(S) _____

Check here to remain anonymous, no information shared with participating funds:

STREET ADDRESS _____ CITY/ST/ZIP _____

PHONE # _____ *EMAIL _____

*Indicate e-mail address above to receive an electronic gift acknowledgment for tax purposes. We do not share e-mail addresses.

Please write donation amount on line next to each organization. Gifts between \$25 & \$2,500 will receive a 50% match from the available matching funds. Each organization is eligible for up to \$5,000 in matching funds.

_____ Annunciation Church	_____ Frankfort Schools Fine Arts Fund
_____ Annunciation Youth Fund	_____ Frankfort Schools Fund
_____ Antioch Cemetery	_____ Frankfort United Methodist Youth Fund
_____ David L. Crawford Memorial VFW Post #1359	_____ Frankfort Wildcat Boosters Fund
_____ Frankfort Alumni Association	_____ Friends of the Frankfort City Library Fund
_____ Frankfort Baseball Fund	_____ Friends of the Wildcat Wilderness Playground
_____ Frankfort Cemetery Fund	_____ Friends of Vermillion Community, Inc. Fund
_____ Frankfort Children's Fund	_____ Haunted Hayrack Fund
_____ Frankfort Community Care Home Fund	_____ Konza United Way - Marshall County
_____ Frankfort Community Memorial Fund	_____ /Frankfort Fund
_____ Frankfort Cub Scout Pack 3138 Fund	_____ Leo McMinimy Post 181 American Legion
_____ Frankfort Development Trust Fund	_____ Marshall County Fair Association Frankfort Fund
_____ Frankfort FCCLA Fund	_____ Medical Scholarship Fund for
_____ Frankfort FFA Alumni Fund	_____ Employees of the FCCH
_____ Frankfort FFA/Industrial Arts Fund	_____ Mt. Calvary Cemetery - Annunciation
_____ Frankfort Food Pantry Fund	_____ Church Fund
_____ Frankfort Football Fund	_____ Pawnee Mental Health Services Frankfort Fund
_____ Frankfort High After Prom Fund	_____ Scout Troop 138 Fund
_____ Frankfort Janes Community Service	_____ Twin Valley - Activity Fund Frankfort
_____ and Beautification Project	_____ Vliets Coop Fund
_____ Frankfort Rec Fund	_____ Work To Win 4-H Club Fund
_____ SUB-TOTAL (Column 1)	_____ SUB-TOTAL (Column 2)

If paying by check, please write ONE CHECK made out to FCF for the TOTAL amount of your donation.

TOTAL DONATION (Column 1 + Column 2): \$ _____

- Drop off between 7:00 AM to 5:30 PM on December 3, 2024 at the Altstadt Galerie, 200 N Kansas Ave.
- Mail this form with total payment to FCF P.O. Box 186, Frankfort, KS 66427, received by 12/6/2024
- Visit FrankfortGives.com to complete your transaction from 12:00 AM to 11:59 PM on 12/3/2024

