

**100 Men Who Care for Stephenson County
Charitable Donation Acceptance Agreement**

100 Men Who Care for Stephenson County is pleased to present

with a donation, totaling \$ _____.

By accepting this donation, _____ agrees to not publish or use the individual names and contact info of 100 Men Who Care for Stephenson County donors for future solicitations or publicity; and agrees to mail personal receipts/acknowledgment letters for tax deduction purposes to each 100 Men Who Care for Stephenson County donor.

The name "100 Men Who Care for Stephenson County" may be used to recognize and/or publicize this donation.

Non-compliance of this agreement will result in denial of considerations for future donations from 100 Men Who Care for Stephenson County.

printed name & title of organization's authorized representative

signature

date

tax id #

address

city, state, zip