SPARKNEWTON

# Donation Check Form

## Donor Information

- **Name:** _____
- **Address:** _____
- **City:** _____ **State:** _____ **ZIP:** _____
- **Phone:** _____
- **Email:** _____
- **I would like to be added to your e-newsletter** ☐ Yes ☐ No

## Donation Details

- **Amount:** $_____
- **Check Number:** _____

## Designation

I would like my donation to go to the following fund.

- **General Support**_____
- **Beautification Fund**_____
- **Scholarship Fund**_____

## Matching Gift

- My Employer is providing a matching gift. ☐ Yes ☐ No **Employer Name:** _____
  Please include the necessary forms with your check.

## Acknowledgement

- I would like my donation to be **anonymous**: ☐ Yes ☐ No

**Spark Newton** is a registered 501(c)(3) non-profit organization. Your contribution is tax-deductible to the extent allowed by law.

Thank you again for your generosity!

**Mailing Address: Spark Newton, 1294 Centre Street, Newton, MA 02459**