



100 Men Who Care – Jacksonville Charitable Donation Acceptance Agreement

100 Men Who Care – Jacksonville is pleased to present:

with a donation, totaling \$ _____.

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

The name “100 Men Who Care - Jacksonville” 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 - Jacksonville.

Printed name & title of organization’s authorized representative

Signature

Date

Tax id #

Address

City, State, Zip