



Jacksonville Dream Center Foundation

Partnering Programs in Our Community

DONATION FORM

Donor Information

Name: _____

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I Wish To Remain ANONYMOUS

Please Mail Me Back A Tax Receipt For My Donation

Please Choose Which Area You Would Like Your DONATION Applied Towards:

Agriculture Business

Computer Skills

Fine Arts

Health Occupations

Consumer Sciences

Skilled Trades

"A Bench For Caps" Recycling Drive

Grow-2-Give Vegetable Garden

Drone Club

3-D Printing

Other _____

Please Send This Form With Your Check to:

Jacksonville Dream Center Foundation

P.O. Box 116

Jacksonville, IL 62651

*Thank
you*