



2021 Donation Form

Donor Name or Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

I wish to remain anonymous.

Use this form to select the organizations/causes you wish to support.

Checks and forms must be returned to the Foundation office by 5:00 pm on July 15th to be eligible for matching funds. Checks must be made payable to Custer County Foundation. Mail to: PO BOX 304 Broken Bow, NE 68822 or drop off at 403 South 9th Ave. on the square in Broken Bow.

Anselmo-Merna Foundation	\$	Custer County Fair FREE Pit BBQ	\$
Arnold Community Theater	\$	Oconto Volunteer Rescue	\$
Arnold Economic Development— Community Improvement Fund	\$	One Box Foundation	\$
Broken Bow Area Rotary	\$	Sandhill Critters 4-H Club	\$
Broken Bow Backpack Program	\$	Santa Cop Program	\$
Broken Bow Elks Lodge	\$	Sargent Imagination Library	\$
Broken Bow Library Foundation	\$	Sargent Township Library	\$
Broken Bow Optimist	\$	Spartan Foundation	\$
Broken Bow Parent Teacher Association	\$	Super Kids Club, Inc.	\$
Callaway Assisted Living Building Fund	\$	Teammates of Broken Bow	\$
Callaway Good Life Center	\$	Veterans of Foreign Wars Post 3576	\$
Callaway Hospital District Foundation	\$	Support Them All (donation will be divided equally)	\$
Comstock Community Garden	\$	Total:	\$



For more information scan the QR code.

GIVE 4 CUSTER COUNTY!

*There is a \$10 minimum gift per organization.

*The amounts and organizations marked on this form reflect my giving wishes.

*I understand my gifts are non-refundable.

*Donations must be received by 5:00pm on July 15th to count toward the matching pool.