

GIFT OF GRAIN DONATION FORM

			_ (type of grain) from the	
	-	-	It is understood that up n will be responsible for	
The grain will be deliv	vered to	(name of elevator),		
	(city),	(state), with de	livery anticipated prior t	to (date).
	on, P.O. Box 1127, I	Manhattan, KS 6650	t in the name of the Grea 5. Donor requests that p	
☐ Marysville	Community Found	dation Community Gr	ants Fund for area of gre	eatest need, or
☐ Other				
Donor understands the	is gift of grain will	be subject to the Four	ndation's gift acceptance	policies.
Name as you want it t	o appear on donor	receipt:		
Address:		City, S7	T:	
Phone #:		Email Address	:	
Donor			Date	
Donor			Date	
This portion to be com	pleted by FCF:			
Receipt of Pledge:				
Marysville Community	y Foundation		Date	
Questions? Email info	@marysvillecf.org o	or call (785)562-7341		