



## Charity Organization Donation Acceptance Agreement

100 Men Who Care Wilmington chapter is pleased to present

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with a donation, totaling \$\_\_\_\_\_.

By accepting this donation, \_\_\_\_\_ agrees to not publish or use the individual names and contact info of 100 Men Who Care Wilmington chapter donors for future solicitations or publicity; and agrees to mail personal receipts/acknowledgment letters for tax deduction purposes to each 100 Men Who Care Wilmington chapter donor. Organization also agrees to attend the chapter's next meeting to share about how the donation was used.

The name "100 Men Who Care Wilmington" 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 the 100 Men Who Care Wilmington chapter.

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Printed Name & Title of Organization's Authorized Representative

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Signature and Date

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Tax ID #

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Street Address – City – State – Zip