

Far Northern Coordinating Council on Developmental Disabilities
DBA Far Northern Regional Center
Federal Tax ID: 94-1648724

Donor information:

Your name _____

Preferred mailing address: Home Business Name: _____

Street _____

City _____

Phone number _____

Email address(es) _____

Please designate my gift to:

The Unrestricted fund. I request \$ _____ of my charitable contribution to be used without restriction other than to serve the interests of persons with developmental disabilities.

The Client Needs fund (for expenses cannot be funded through the Regional Center's Contract with the State of California). I request \$ _____ of my charitable contribution be used for client needs. Examples include delinquent utility bill payments, special events, and health care needs.

To Offset State Regional Center contract expenses. I request \$ _____ of my charitable contribution be used to offset (reduce) expenses funded by the Regional Center's contract with the State of California.

Holidays are for Caring fund. I request \$ _____ be used to support this program, which provides holiday gifts to clients who might not otherwise receive them.

Other (please specify). I request \$ _____ of my charitable contributions be used for:

Signed by: _____ Date: _____
Contributor

Fill out and mail this form with your donation to:

Far Northern Regional Center, PO Box 492418, Redding, CA 96049-2418, Attention: Accounting

Far Northern Coordinating Council on Developmental Disabilities is a Section 501 (c) (3) non profit corporation. Gifts are tax deductible as prescribed by law.