

Donation Form

Organization to receive donation:

OR									
	☐ Donations are being made to multiple organizations (see back)								
	Dedication:								
	In Memory of:								
	In Honor of:								
Doı	nation Amount Total:	\$							
Donor Information:									
	I would like to make this dona	tion anonymously.							
Busin	ness/Organization/Group:								
Nam	e:								
Stree	t Address:								
City:		State:	Zip Code:						
Emai	il:		_ Phone: _()_						
	Please add me to your mailing list. Please add me to your email list.								
		PAYMENT IN	FORMATION:						
<u> </u>	Cash (OACF Verified by: Check No.:	Check Date:)	VISA Maximum AMERICON BURRESS	DISCOVER' NETWORK				
	(Made Payable to: Give BIG Go Credit Card:	٥,	Exp:	Code:					

Mail to: Pony Express Community Foundation, c/o Will Rahjes PO Box 81, Gothenburg, NE 69138

See back page for a complete listing of participating causes



Donor Name:	Total:	\$
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Boy Scout Canoe Trailer	\$ Gothenburg Health Foundation		\$
Camp Comeca	\$	Gothenburg Impact Center	\$
Dawson/Gosper County CASA	\$	Gothenburg Public Schools Foundation	\$
DC 4-H	\$	Gothenburg Rotary Club	\$
DC Ag Society	\$	Gothenburg Senior Center	\$
DC Cancer Care	\$	Gothenburg Shares/ Food Baskets	\$
DC Family Partners	\$	Gothenburg United Fund	\$
DC Historical Museum	\$	Gothenburg Volunteer Fire Department	\$
DC K-9 Unit	\$	Livin' Out Loud	\$
		Paw Prints	\$
DC Parent Child Center	\$	Pony Express Foundation	\$
DC Sheriff's Drone Team	\$	THE BURG	\$
Gothenburg Backpack Program	\$	The Giving Closet	\$
Gothenburg Baseball Inc.	\$	The Sun Theatre	\$
Gothenburg Fireworks Fund	\$	Wild Horse Foundation	\$
Gothenburg Food Pantry	\$	YMCA at Gothenburg Health	\$