



Indiana Housing & Community Development Authority

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Donor Contribution Form

(File with the recipient organization participating in the Neighborhood Assistance Program)

Contributor Information (To be completed by the contributor and the qualified Neighborhood Assistance Organization)

Name of contributor			Social Security or Federal Identification Number		
Address			Telephone number		
City	State	Zip Code	Contributor's tax year ending		

Credit Computation

(Contributor must sign below, provide proof of payment and/or a statement of the value of all services and materials donated)

Date of contribution		Program Number			
		20__-NP-			
1. Amount of contribution. <i>Indicate type:</i> <input type="checkbox"/> Cash <input type="checkbox"/> Service <input type="checkbox"/> Property			1.	\$	
2. Multiply line 1 by 50% (x .50)			2.	\$	
3. Tentative amount of credit (lessor of line 2 or \$25,000)			3.	\$	
Signature of contributor ►					

Recipient Organization Information

Name of organization			Signature of Authorized Recipients		
Address	City	State	Zip Code		