

TALENT INCUBATOR PROJECT

Donation Agreement



DONOR INFORMATION

Donor Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Donor Signature: _____ Date: _____

DONATION AMOUNT

I/We wish to make the following donation to the *Talent Incubator Project*: \$ _____

DONATION ALLOCATION

I/We wish this donation to be **unrestricted** in support of the Foundation's greatest need, or

I/We wish to designate this donation to a specific initiative: _____

DONATION TYPE

I/We will fulfill this donation with (*select your preferred option below*):

A one-time gift, or

Annual payments of \$ _____ over a period of 1 2 3 4 5 years (*circle one*), starting

on _____ (*add date*) and due on that date each successive year.

PAYMENT INFORMATION

- Please make your check payable to **ICSC Foundation** and send to the address below.
- Donations can be made online via ICSC's secure website by clicking [here](#).
- Please call Amy for more information about making your donation by credit card, EFT or wire transfer.

DONOR RECOGNITION

I/We wish to be listed as: _____

Please keep this donation anonymous.

PLEASE RETURN THIS DOCUMENT & DIRECT ANY QUESTIONS TO:

Amy Reinharz
ICSC Foundation Senior Director
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