

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, DURATION AND FULFILLMENT DATE

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 a check payable to **ICSC Foundation** and send to the address below.
- Please click [here](#) to make an online donation via our secure website
- Please contact Amy Reinharz (*contact info below*) to make your donation by 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
Senior Director, ICSC Foundation
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AReinharz@icsc.com +1 646 728 3618