



Match Day Donation Form

Name: _____ Phone: _____

Address: _____

Email: _____

☐ Please check if you wish to remain anonymous.

\$ _____ Boys & Girls Club of Southeast Kansas	\$ _____ Community Children's Fund
\$ _____ Caney Valley Recreation Commission	\$ _____ FKHS Charlesworth Swimming Pool Fund
\$ _____ Cedar Bluff Camp	\$ _____ Golden Tornado Band Boosters
\$ _____ Coffeyville Aviation Heritage Museum	\$ _____ Inter-State Fair and Rodeo Fund
\$ _____ Coffeyville Community College Foundation	\$ _____ Junior Advisory Council
\$ _____ Coffeyville Friends of Animals	\$ _____ Kansas Family Advisory Network - Coffeyville
\$ _____ Coffeyville Historical Society	\$ _____ Keep it Local Fund
(Brown Mansion / Dalton Defender Museum)	\$ _____ Leadership Coffeyville
\$ _____ Coffeyville Imagination Library	\$ _____ Midland Theater Foundation
\$ _____ Coffeyville Public Library Foundation	\$ _____ Midwest Pregnancy Care Center
\$ _____ Coffeyville Public School Foundation	\$ _____ Safehouse Crisis Center
\$ _____ Coffeyville Recreation Youth Scholarship Fund	\$ _____ Senior Services
\$ _____ Coffeyville Regional Medical Center Foundation	\$ _____ Wildcat Extension Education Foundation
\$ _____ Coffeyville Area Community Foundation Operations	

TOTAL: _____

Please make checks payable to: CACF

Please bring form and payment to 601 W. 8th St on Thursday, November 16, 7:30am - 5:30pm, give online at www.givematchgrow.com or mail to: CACF P.O. Box 635 Coffeyville, KS, 67337 postmarked by Nov. 16th to qualify for the match. All contributions are tax deductible.

Received by: _____ Cash: _____ Check: _____ Date: 11/16/23
QCD gift from IRA account invested @ _____