

2021 Holiday Card Order Form

To ensure delivery by December 25, order deadline is **December 17, 2021**.



Recipient #1

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Amount: \$ _____ To Benefit (Fund Name): _____

Recipient #2

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Amount: \$ _____ To Benefit (Fund Name): _____

Recipient #3

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Amount: \$ _____ To Benefit (Fund Name): _____

Your Information

Enclosed is my contribution in the amount of \$ _____. (Minimum contribution is \$20 per card.)

Make checks payable to the Greater Salina Community Foundation. Please send my tax receipt to:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Mail completed form with payment by Dec. 17 to:

Greater Salina Community Foundation
P.O. Box 2876, Salina, KS 67402-2876



Impact Today. Transform Tomorrow.