



Indiana Housing & Community Development Authority

Indiana Housing and Community  
Development Authority  
**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 2018-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		