



Indiana Housing & Community Development Authority

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**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	
		2017-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