



**100 Women Who Care Loudoun County
Charitable Donation Acceptance Agreement**

100 Women Who Care Loudoun County is pleased to present

with a donation, totaling \$ _____.

By accepting this donation, _____ agrees to not publish or use the individual names and contact info of 100 WWC Loudoun County donors for future solicitations or publicity; and agrees to mail personal receipts/acknowledgment letters for tax deduction purposes to each 100 WWC Loudoun County donor.

The name "100 Women Who Care Loudoun County" may be used to recognize and/or publicize this donation.

Non-compliance of this agreement will result in denial of considerations for future donations from 100WWC Loudoun County.

_____ printed name & title of organization's authorized representative

_____ signature

_____ date

_____ tax id #

_____ address

_____ city, state, zip

