

Donation via Check

Please print out and complete the following form, and mail along with your check, made payable to the "Community Foundation of Northern Illinois".

Mail to:

Community Foundation of Northern Illinois
946 North Second Street
Rockford, IL 61107

Name of Fund to receive your donation _____

(Click here for a complete listing of Funds administered by CFNIL.) [Fund Listing](#)

Amount of Donation \$ _____

I wish for my gift to remain anonymous. _____

Name of Fund to receive your donation _____

Amount of Donation \$ _____

I wish for my gift to remain anonymous. _____

Please complete the following information, even if your gift is anonymous. We need this information in order to properly acknowledge your gift for tax purposes. For more information, please click here to read our "[Online Giving Privacy Statement](#)."

First Name _____

Last Name _____

Spouse Name (if applicable) _____

Company (if applicable) _____

Address 1 _____

Address 2 _____

City _____

State & Zip Code _____

Phone _____

Fax _____

Email _____

_____ Please exclude me from your mailing list.