Donor Contribution Form

**Neighborhood Assistance Program (NAP) 2023**

Indiana Housing and Community Development Authority

**Please complete this Donor Contribution Form and mail with your donation to:**

Anthony Williamson \* Saint Florian Center \* P.O. Box 2896 \* Indianapolis, IN 46206

Donor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Mandatory to go to the Indiana Department of Revenue)***

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Donor’s tax year ending **2023**

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Donation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donation Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_cash \_\_\_\_\_check # \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Credit Card? \_\_\_\_\_ MasterCard \_\_\_\_\_VISA \_\_\_\_\_Discover \_\_\_\_\_ American Express

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_3 OR 4 DIGIT SECURITY CODE

Credit Card Expiration Date \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Repeat (Total Amount of Contribution)** $\_\_\_\_\_\_\_\_\_\_\_\_
2. **Multiply Line #1 by 50%** $\_\_\_\_\_\_\_\_\_\_\_\_
3. **Tentative amount of credit: Lesser of line 2 or $25,000** $\_\_\_\_\_\_\_\_\_\_\_\_

* or organizations remaining available credits
* **NOTE: The Saint Florian Center will fill this line out**

1. **NAP Eligible Contribution to be reported to IHCDA and IDOR** $\_\_\_\_\_\_\_\_\_\_\_\_

* Donors claim the credit on Schedule 6 of their state tax forms, using code 828
* **NOTE: The Saint Florian Center will fill this line out**

NOTE: Maximum credit allowed is $25,000. Minimum donation is $100.00.

Signature of donor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recipient Organization:** Saint Florian Center, Inc. Address: P.O. Box 2896

S. F. C. Tax ID number: **35-1971700** City/State/Zip: Indianapolis, IN 46206

NAP Program number: **2023-NP-182**

**Total NAP Credits to Sell $7,411.00 Contributors Total Write Off $3,705.50**

**To be completed by recipient organization**

I certify that the donor made the donation amount to the neighborhood Assistance Program (NAP) at Saint Florian Center, Inc. and the information stated is true, correct and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Executive Director

Anthony Williamson Representative / Title

317-442-4508 Firefightert@sbcglobal.net \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Email Date