



Tax Exempt Donation Form

NAME: _____

ADDRESS: _____

EMAIL ADDRESS OR TELEPHONE NUMBER: _____

DATE: _____

AMOUNT OF DONATION: \$ _____

CATEGORIES WHERE YOU WOULD LIKE DONATION TO BE DIRECTED:

_____ **AFFILIATE PROGRAMS** (_____ % of donation)

Example programs include:

Technician Affiliate Group
Younger Chemists Committee

_____ **COMMUNITY OUTREACH** (_____ % of donation)

Example programs include:

ACAP
Harrison Howe Award
National Chemistry Week
Project SEED

_____ **COMMUNITY OUTREACH** (_____ % of donation)

Example programs include:

Adopt-a-School
High School Chemistry Awards
Rochester Section Scholarship Program
Undergraduate Research Symposium

_____ **MEMBERSHIP ACTIVITIES** (_____ % of donation)

Example programs include:

Retired Chemists

CHECK TO BE MADE PAYABLE TO: "Rochester Section, ACS, Inc."

CHECK TO BE MAILED TO: **Rochester Section, ACS, Inc.**
Attention: Mary Jane Witkiewitz
P.O. Box 67103
Rochester, NY 14617

A RECEIPT FOR DONATION WILL BE SENT FOR YOUR TAX RECORDS