



Indiana Housing & Community Development Authority

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Donor Contribution Form

****This form must have the highlighted areas completed and returned to TRI-CAP with your donation. An executed copy will be sent to you to file with your taxes.**

(File with the recipient organization (TRI-CAP) 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 2019-NP-		
1. Amount of contribution. Indicate type: <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 (TRI-CAP)

Name of organization		Signature of Authorized Recipients	
Address	City	State	Zip Code