



**Charity Organization Donation Acceptance Agreement**

100 Men Who Care Knoxville chapter 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 Men Who Care Knoxville chapter donors for future solicitations or publicity; and agrees to mail personal receipts/acknowledgment letters for tax deduction purposes to each 100 Men Who Care Knoxville chapter donor. Organization also agrees to attend the chapter's next meeting to share about how the donation was used.

The name "100 Men Who Care Knoxville" 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 the 100 Men Who Care Knoxville chapter.

\_\_\_\_\_  
Printed Name & Title of Organization's Authorized Representative

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Tax ID #

\_\_\_\_\_  
Street Address – City – State – Zip