



Indiana Housing & Community Development Authority

Indiana Housing and Community  
Development Authority  
**Donor Contribution Form**

(File with the recipient organization 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 |    |  |
| 1. Amount of contribution. <i>Indicate type:</i>   |  |                |    |  |
| <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**

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