



New Donor Form

Please print, fill out, and mail in this donation form

Donor Information

Name: _____

Address: _____

Email: _____

Telephone: _____

Please sign me up for CNE's eNewsletter

Gift Information

I (we) want to support CNE today with a contribution of \$_____.

This gift is: one time monthly quarterly multi-year for _____ year(s).

Method of payment: cash check credit card*

Acknowledgment Information

May we thank you publicly on our website and in other donor acknowledgment materials?

Yes, you may refer to me (us) as a CNE donor(s).

No, I (we) wish this gift to remain anonymous.

If yes, how would you like to be acknowledged?

Recognition Name: _____

Signature: _____

Date: _____

*Please visit thecne.org/donate to complete a secure credit card transaction or call 434.244.3330

*If you have any questions or need further information, please contact Katie Griffin Hand,
khand@thecne.org.*