



Pass-Through Gift Designated Grant Form

Donor First & Last Name(s): _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Gift Amount: \$ _____

Anticipated Gift Date: _____ Is this gift anonymous? Yes No

Form of Gift: Check Cash Other _____

Gift Designations:

Please indicate the OICF Fund(s) and/or any non-profit organization that you would like your Pass-Through Gift to be applied to. Please also include the purpose, e.g. "unrestricted" or a specific program or fund. If you have more than 10 designations, please duplicate this page and complete the bottom portion only. [View all funds held at OICF here.](#)

We hope you consider a gift to the OICF Foundation Fund which supports our projects, programs and initiatives that are focused on building a stronger and more resilient community through partnerships that connect people, ideas, resources, and opportunities for greater impact.

Organization Name	Fund/Purpose	Gift Amount

THANK YOU FOR YOUR GENEROSITY!

Please email completed forms to molly@oicf.us or drop by our office at 33 Urner Street #4, or mail to OICF at PO Box 1496 Eastsound, WA 98245