

2026 Alma Area Foundation Match Day Donation Form

For office use only:
Check # _____
Credit Card ☐ Cash ☐
Initials _____

DONOR NAME(S) _____

Check here to remain anonymous, no information will be shared with participating funds: ☐

STREET ADDRESS _____ CITY/ST/ZIP _____

PHONE _____ *EMAIL _____

*Indicate email address above to receive an electronic gift acknowledgement for tax purposes. We do not share email addresses.

Write donation amount on the line next to each fund.

All eligible gifts will be matched at 50% until the match is depleted.

_____ Ag in the Classroom	_____ St John Lutheran School Fund
_____ Alma American Legion Post #32	_____ The Heritage Home – Alma Clinic
_____ Alma Area Foundation Fund	_____ & Wellness Program
_____ Alma Rec Soccer/Ball Field	_____ Volland Foundation
_____ Improvement Fund	_____ Wabaunsee County Extension
_____ Alma Senior Homes	_____ Programs Fund
_____ Backroad Gals Major Medical Fund	_____ Wabaunsee County Fair Association
_____ Caring Neighbors Cancer Fund	_____ Improvement Fund
_____ Charger 329 Foundation	_____ Wabaunsee County Historical Society
_____ Community Care Ministries – Alma Fund	_____ and Museum
_____ Go Experience Nature	_____ Wabaunsee Pines Golf Course
_____ McFarland Senior Center	_____ Improvement Fund
_____ Mount Mitchell Prairie Guards	_____ Wabaunsee Resource Council
_____ Paxico Senior Center	_____ WabCo CatSnips

If paying by check, please write **ONE CHECK** made out to **Alma Area Foundation (AAF)** for the TOTAL amount of your donation.

TOTAL DONATION: \$ _____

- If paying online visit AlmaMatchDay.com to complete your transaction, August 24th-26th.
- If paying by check, please include a completed donation form with your check when you mail to the AAF at PO Box 192, Alma, KS 66401, postmarked no later than August 25th.



Alma Area Foundation MATCH DAY