

**Ellsworth Community Youth Recreation Association (ECYR)
Donation Form**

1. Name of Organization: _____
2. Address of Organization: _____
3. Phone Number of Organization: _____
4. Amount Donated: _____

Please Choose One of the ECYR Groups:

Basketball Baseball/Softball Football Hillcrest Parents Club Volleyball

**If no selection is made, the donation will go to the general fund of the ECYR*

No receipts will be given for donations under \$250.

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