



**Amador
Community
Foundation
PAYS!**



Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email address: _____

Total amount of receipts: _____

Please enclose the originals or copies of receipts. For every \$100 in qualified* receipts we will:

Donate to your local charity of choice (name) _____

Mail you \$10 in Amador Bucks within 5 business days.

- Receipts must be dated April 1, 2020 or after.
- Maximum of \$1,000 in receipts from any one business.
- Limit of \$200 in earned Amador Bucks per person.
- Ineligible receipts include: grocery stores, gas/fuel, utility payments, payment on existing accounts

Mail to:

Amador Community Foundation
PO Box 1154
Jackson, CA 95642
209-223-2148
amadorcommunityfoundation.org

Thank you for supporting local businesses!



**Amador
Community
Foundation**

For good. For ever.