## University



### & Financial Policies





Name of Chapter/Club \_\_\_\_\_

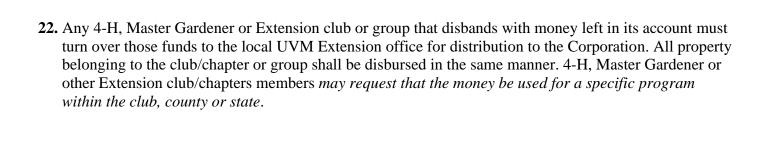
County\_\_\_\_

Treasurer \_\_\_\_

Fiscal Year \_\_\_\_\_

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# UVM Extension Community Partners Account Reporting Or use <a href="https://qualtrics.uvm.edu/jfe/form/SV\_3kocSO9NnRQZD1z">https://qualtrics.uvm.edu/jfe/form/SV\_3kocSO9NnRQZD1z</a>

Name of 4-H Club, Chapter, Council and Committee	_

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### Gift Form

\$	to the	·
		Chapter
GIFT		
My/Our gift I/We wish to	is enclosed make a gift of property:	
GIFT DESIGNA	ATION	
This gift is u	inrestricted and may be used	where the need is greatest at the UVM Master Gardener Program.
Please desig	nate this gift for this specific	c purpose:
F CONTACT INF	Naming scholarsh Making a gift and	Gardener Coordinator contact me about hips or other opportunities. receiving lifetime income.
City/State/Zip _		
Home Phone		
Employer Name	,	
Business Title _		
Business Addres	SS	
Business Phone		
Donor Signature		Date

#### 4-H Donor letter template

Name

Address

City, State, Zip

Dear (Donor Name),

On behalf of the University of Vermont and State Agricultural College 4-H Program, Inc., and especially the youth and volunteers of the (name club or committee receiving donation), I thank you for your donation of (and list amount or property).

Each year, the UVM 4-H Program reaches over 6,000 Vermont youth, developing both life and job skills through a variety of positive youth development programming. Be it through a 4-H club, a short term program or through a community partnership, and always in partnership with caring adults, 4-H youth are exploring, problem-solving, leading, communicating and building skills necessary to forge a path ahead in our global society.

Setting goals increases achievement. There are hundreds of studies that show how setting goals increases success rate in all sorts of settings (Latham & Lock, 2007). And we know that every year, over eighty percent of 4-H club participants set and reach their goals in projects of their choosing. Your donation helps to support the activities and reW\*nb6.23 Tm-4() ucb6.23es

## UVM Community Partners AFFIDAVIT OF LOST OR UNAVAILABLE RECEIPT

For any purchase less than \$100, use this form when a receipt is missing.

#### **RECEIPT INFORMATION**

Date Paid:								Amount Paid:																	
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Date	of R	lequ	ıest	:																					
Nam	e of	Per	son	See	king	Re	imbur	rsemei	nt/Ju	stifyinç	д Ехр	endi	ture:	(ple	ase	prir	nt)		_						
Sign	ature	e:																							
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