



HUDSON COMMUNITY PICKLEBALL ASSOCIATION INC.

General Donation Form

Your generosity will support the HCPA, Inc. goals to advance pickleball and opportunities for HCPA members, in partnership with the Hudson YMCA Camp.

Name _____ Date _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Eligible seniors who must take a Required Minimum Distribution(RMD) from their IRAs could reduce taxable income with a Qualified Charitable Deduction (QCD), a tax-free way to donate funds to HCPA, Inc., an eligible nonprofit charity.

Donation Amount \$ _____

Checks Payable to: HCPA, Inc.

Mail to: Tom Menter, Treasurer

ATTN: HCPA, Inc.

989 Fern Road

Hudson, WI 54016

Disclaimer and Signature

I understand this donation will be used by the *Hudson Community Pickleball Association, Inc. (HCPA, Inc.) in partnership with the YMCA Camp St. Croix for the sole purpose of assisting with the costs for future projects regarding pickleball at Camp St. Croix.

Signature _____ Date _____

***NOTE: The Hudson Community Pickleball Association, Inc. is a nonprofit 501(c)(3) organization. Your contribution is tax deductible as allowed by law.**