

Indiana Housing & Community Development Authority

Please mail this form back to the Recipient Organization Below

Neighborhood Assistance Program Tax Credit

Contributor Information

Name of Contributor* _____

Social Security or Federal Identification Number* _____

Address* _____

City* _____ State* _____ Zip* _____

Telephone Number* () _____

Credit Computation

Date of Contribution* _____

NAP Organization's Program Number* _____

Amount of Contribution* _____ Cash Service Property

Credit Amount* (half of contribution amount above) _____

Signature of Contributor * _____

Recipient Organization Information

Name of Organization* Catholic Charities - Bethany House

Indiana Taxpayer or Federal Identification Number _____

Address 1801 Poplar St.

City, State, Zip Terre Haute, IN 47803

Certification of Contribution for Donation to NAP

Signature of NAP organization Officer* _____

Title* Development Director

Telephone Number (812)232-1447

Date _____

*= required information/action