



Contributor Information (Completed by Contributor /Qualified NAP Organization)					
Name (Head of Household Only):					
Address:					
City:		State:	IN	Zip Code:	
Credit Computation (Provide All Information, Including Signature of Contributor)					
Date of Contribution:		NAP Program Number		NP-008-092	
1. Amount & Type of Contribution:		Cash	Property		\$
2. Multiply line 1 by 50% (x .50).....					\$
3. Tentative amount of credit (lesser of line 2 or \$25,000)....					\$
Signature of Contributor					
Recipient Organization Information					
Name of Organization:		Community Action of Northeast Indiana, Inc			
Address:		PO Box 10570			
City:	Fort Wayne	State:	IN	Zip Code:	46853-0570
Certification of Contribution for Donation to Neighborhood Assistance Program					
I certify that the contributor donated the amount on line 1 to the Neighborhood Assistance Program and that the information stated is true, correct and complete.					
Signature of Neighborhood Assistance Organization Officer		Title	Telephone Number	Date	