



Contributor Information (Completed by Contributor /Qualified NAP Organization)

Name (Head of Household Only):							
Address:							
City:	Indianapolis	State:	IN	Zip Code:			
Credit Computation (Provide All Information, Including Signature of Contributor)							
Date of Contribution:		NAP Program Number			NP-008-103		
1. Amount & Type of Contribution:	XXX 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:		Indiana Youth Group			
Address:		P.O. Box 20716			
City:	Indianapolis	State:	IN	Zip Code:	46220
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.					
		Executive Director	317-541-8726		
Signature of Neighborhood Assistance Organization Officer		Title	Telephone Number	Date	