



Heritage Community Foundation Fact Sheet

- The Heritage Community Foundation began in 2015 by a group of Heritage Bank employees seeking a tangible way to support the good work being accomplished in our local community by not-for-profit agencies and organizations.
- The HCF funding comes from Heritage Bank employees, local businesses and fundraising efforts.
- HCF focuses support exclusively in Henry, Clayton and Fayette Counties.
- In 2016 the HCF provided over \$118,000 of support to 36 NFP groups in these 3 counties.
- The average amount of cash awards granted last year was \$2,800 and we provided another \$22,000 of “in-kind” support to qualifying organizations.
- The HCF is unique in that every dollar donated is available for allocation to a qualifying local not-for-profit agency or organization. **All (100%) of the HCF’s operational expenses are paid by Heritage Bank.** Every dollar donated is invested back into the community.
- The HCF keeps a reserve fund of \$15,000 to be able to respond to a local emergency or natural disaster that may impact our community.
- The HCF Board of Directors is made up of Heritage Bank volunteer employees. The HCF Board has established a set of grant guidelines and qualifications that the organization’s requesting grant money must meet. Every organization requesting a grant from HCF is thoroughly screened to assure they meet the HCF standards and guidelines.
- The HCF has an IRS designation as a 501c3 organization and therefore all donations are tax deductible.
- Since February 15 of this year, the HCF has awarded over \$70,000 in grants to 31 non-profit groups in Clayton, Henry and Fayette Counties.
- We want to expand our donor base to include individuals that want to join us in investing in the good-work being accomplished in this area and invite you to participate.

www.heritagecommunityfoundation.org



HERITAGE COMMUNITY FOUNDATION DONOR INFORMATION

Name: _____

Address: _____

Email: _____

Telephone: _____

One Time Donation Amount \$ _____

Monthly Donation Amount \$ _____

Quarterly Donation Amount \$ _____

Check

Auto-Pay (HCF will contact you to set up auto-pay feature)

Signature: _____

Date: _____