

Independent Feature Project (IFP)
Fiscal Sponsorship Contribution Form

Donor's Name _____

Donor's Address _____

Donor Phone# _____

Donor Email _____

Contribution Amount _____

This contribution is to be used to support the following project:

Project Name (the "Project"): **GOING BLIND**

Producer of the Project: **JOSEPH LOVETT / LOVETT PRODUCTIONS, INC.**

In connection with my contribution:

I understand and agree that my contribution is made on the condition that Independent Feature Project (IFP) retains control and discretion over the use of the funds.

I understand that my contribution may be released by IFP to the Project before the balance of the budgeted production funds is available to the producer of the Project

I understand that the above-named Project, if produced, might never be released.

Signature of Donor

Please send a check in the amount of your contribution made payable to IFP Fiscal Sponsorship, with the name of the Project written in the memo portion of your check, and the completed contribution form to the following:

Business Office
Attn: Fiscal Sponsorship
IFP
68 Jay Street, Suite 425
Brooklyn, NY 11201

or

You can send your check and completed form directly to the Producer of the Sponsored Project who will mail it to IFP.

IFP will send your donor a thank you letter shortly, which acknowledges your tax deductible donation.

Donations can also be made online at <http://fiscalsponsorship.ifp.org>