DONATION FORM

TAX ID#26-3189290

PLEASE LIST THE PERSON(S) OR ORGANIZATION MAKING THE DONATION BELOW:

DATE: _____

ORGANIZATION NAME: _____

NAME (MR., MRS., MISS, MS.): _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

DAY TIME TELEPHONE NUMBER: _____

DONOR SIGNATURE: _____

TYPE OF DONATION (PLEASE CHECK ONE):

- ☐ CASH
- ☐ CHECK
- ☐ PERSONAL PROPERTY _____
- ☐ REAL ESTATE
- ☐ OTHER _____

VALUE OF DONATION: _____
(Determined by Donor)

STAFF SIGNATURE: _____

EXECUTIVE DIRECTOR SIGNATURE: _____

FINAL ACCEPTANCE MAILED (DATE): _____