



Fiscal Year 14 DONATION FORM

Representative:

(Please type or use ball point pen)

| | |
|-------|--------------------------|
| NAME: | ADDRESS & DAY TELEPHONE: |
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Donor Information:

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|---------------------|------------|--------|--------|
| DONOR NAME | | | |
| DONOR CONTACT NAME: | TELEPHONE: | FAX: | EMAIL: |
| DONOR ADDRESS: | CITY: | STATE: | ZIP: |

Item Information:

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|---|--|
| ITEM NAME: | DONOR-ESTIMATED VALUE: (Must state dollar amount) |
| ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, WEEKS, DAYS/NIGHTS AND <u>ALL RESTRICTIONS</u> : | |
| DONOR SIGNATURE & DATE: | MARK APPROPRIATE BOX: <input type="checkbox"/> Item accompanied form <input type="checkbox"/> Donor provides Certificate <input type="checkbox"/> Item needs to be picked up <input type="checkbox"/> Committee to create Certificate <input type="checkbox"/> Delivery of item by Donor <input type="checkbox"/> Promotional material provided by Donor |

For office use only:

| | | |
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| TRACKING NUMBER: | Type: | NOTES: |
|------------------|-------|--------|

Insert Company Name
 Attn: Insert Contact Person
 Insert Address