|  |  |
| --- | --- |
| **Donor Name:** |  |
| **Address:** |  |
|  |
| **Phone:** |  |
| **Email:**  |  |

Donation Type (check one): \_\_\_\_\_\_\_\_In-Kind Donation

 \_\_\_\_\_\_\_\_Check/Cash

|  |
| --- |
| **Check/Cash Donations** |
|  |
| Amount of Donation: $ |
|  |
| Check Number if Applicable : |
|  |
| Purpose of Donation: |
|  |

|  |
| --- |
| In-Kind Donations – Itemize the goods and/or services donated |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Value of Donation: $ |
| Purpose of Donation: |
| \*\*Receipts/documentation attached\*\* |

## Donor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_