DONATION INTAKE FORM

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Donations may deductible – Tax ID #:_____

Donor Information: Donor name: PLEASE PRINT Donated by Individual Business Address: Street Suite or Apt. Number City State Zip Contact Person: Name Best Phone Do you wish your donation to remain anonymous? Ye Parent Alumni Vendor Friend Contact Person: E-Mail	
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PLEASE PRINT Do you wish your donation to remain anonymous? Ye Parent Alumni Vendor Friend Address: Street Suite or Apt. Number City State Zip Contact Person:	
Address: Street Suite or Apt. Number City State Zip Contact Person:	s No
Street Suite or Apt. Number City State Zip Contact Person:	
City State Zip Contact Person:	
Contact Person:	
Name Best Phone E-Mail	
Donation Solicitor:	
Name Best Phone E-Mail	
Cash and/or Item-Service Information:	
Cash Amount \$ Check Amount \$ Check # Date	
Item title (for promotion and catalogue listing):	
Fair Market Value* \$ * this information required by Federal Law ** Donor must fill in "FMV" as we can represent value Description of Item (colorful / appealing details):	
Limitations (number of persons, time of year, excluded dated, is display part of item donation, etc.)	
Is a Gift Certificate: Required? Attached? Organization needs to create one?	
Donation given to solicitor at this time - Stored at	
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