

DONATION FORM

DONOR INFORMATION		
Company / family / individual		
Contact person and title		
Address 1		
Address 2		
City	State Zip	
Daytime phone number	Fax number	
Email address	Website	
Authorized signature	Date	
ITEM INFORMATION		
Item(s) donated - please provide a complete des	scription that includes quantity, color, size, etc.:	
Estimated fair market value \$	Can item be exchanged? YesNo	
Legal or time restrictions		
Does this item need to be picked up? Yes	No Contact name/phone:	
Special instructions:		
RECEIPT FOR DONOR Donor's Name	Date of donation	
Item(s) donated		
Estimated fair market value \$	Was anything received in exchange for donation? Yes N	No
Name of authorized representative of CRA	Signature	
	01(c)(3) organization, Tax ID#: 56-1600416. The Internal Revenue Service states that ed to the value of cash or property donate minus what the donor receives in returned file it with your tax records as proof of your gift.	