



# Donations

Silent     Live     Sponsorship     Underwriting     Other

Solicitor Name: \_\_\_\_\_ Solicitor Phone #: \_\_\_\_\_

Donor Information:  Individual(s) Name: \_\_\_\_\_

(For tax purposes, please check who the donor is.)

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate if donor prefers to remain anonymous: \_\_\_\_ Yes \_\_\_\_ No

Recognize donor as: \_\_\_\_\_

Donated Items (Please provide details)	\$ Value	Gift Certificate? Attached = <b>ATT</b> To be delivered = <b>DEL</b> Needs to be picked up = <b>P/U</b> Not applicable = <b>N/A</b>	Special Notes (restrictions, expiration dates, or if invoicing is needed)

Office Use Only		
Item #	Pkg. #	Create Cert.
ALT ID#:		