



I/We request that the _____ program utilize my donations as deemed appropriated by the program.

Description of Donated Item(s):	Actual or Estimated Value of Donated Item:
TOTAL:	

Check here if additional items are listed on the back.

Individual donor or company name: _____

Name of person to be thanked: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature of Donor: _____ Date: _____

Signature of Program Staff: _____ Date: _____



Please return this form to the Development Staff at Administration

FOR OFFICE USE		
RE # _____	Processed By: _____	Processed Date: _____