

Item Donation Form

Nonprofit 501(c)(3) Fed ID 20-0680327



DESCRIPTION OF ITEM OR SERVICE DONATED

Please include any special instructions or other comments. Please specify any restrictions, expiration dates, invalid dates/periods, number of persons/sessions/visits, etc...

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| | <div data-bbox="1133 583 1510 667" style="border: 1px solid red; width: 232px; height: 40px; margin: 0 auto;"></div> <p style="text-align: center; color: red; font-weight: bold; margin: 0;">Item Valued At:</p> <p style="text-align: center; color: red; font-weight: bold; margin: 0;">\$</p> <p style="text-align: center; color: red; font-weight: bold; margin: 0;">(Retail Price or Fair Market Value)</p> |
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DONATED BY/CONTACT INFORMATION:

| | | | |
|-----------------|------------|----------------|-----|
| | | | |
| Last Name | First Name | Middle Initial | |
| | | | |
| Company Name | | | |
| | | | |
| Mailing Address | City | State | Zip |
| | | | |
| Phone | Fax | Email | |
| | | | |
| Donor Signature | | Date | |

Please indicate how you, as a donor, would like to be acknowledged (Mr. & Mrs Jones, Jones Inc., etc...)

GIFT CERTIFICATES

- Gift certificate attached
- Charity to prepare gift certificate (list restrictions under description)
- Other (please specify)

ITEM DISPOSITION - CHECK ONE

- Donated item accompanies form
- Donor will deliver donation to Charity by:
- Will arrange for pick up by calling (661) 254-5218

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Solicitor's Name (Please Print)

Phone

Thank you for supporting Circle of Hope Inc. in its efforts to make a difference in the fight against cancer. Your generosity will be acknowledged in our event program and through other contacts within the community.

THIS FORM AND DONATED ITEMS CAN BE SENT TO:

Circle of Hope, Inc.
23033 Lyons Avenue, Suite 3, Newhall, CA 91321

FOR QUESTIONS OR COMMENTS

Please call (661) 254-5218 or visit www.circleofhopeinc.org

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS