



Name as you would like to be acknowledged \_\_\_\_\_

Business Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Donation Description (be as detailed as possible) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donation Value \_\_\_\_\_

Any Limitations/Instructions \_\_\_\_\_

\_\_\_\_\_

If this is a physical item, has it been delivered/received \_\_\_\_\_

If it has not been delivered/received, please provide the contact information of the person who will coordinate the delivery \_\_\_\_\_

If this is not a physical item, whom may we contact for more information?

\_\_\_\_\_

Receipt Date: \_\_\_\_\_

Children's Fund Representative Signature

\_\_\_\_\_

Children's Fund is a 501 © 3 organization with tax id 33-0193286. No goods or services were provided in response to this donation. A copy of this form will be sent to you for your records.

Please contact a tax professional for any questions regarding tax deductibility.