



DONOR ITEM FORM

Together
Making Dreams Come True

Acquired by: _____

Phone # _____ Email: _____

Detailed item description:

Donor Information

Business or last name: _____

First name: _____

Phone # _____

Address: _____

City, State, and Zip: _____

Contact person: _____ phone # _____

Donor name as it should appear in the catalog:

Date data entry complete: _____ Completed by: _____

Location of item (stored): _____