

# Moslah Shrine Hospital Fund Drive

## DONATION

Item Name \_\_\_\_\_

Item Type \_\_\_\_\_

Category \_\_\_\_\_

Certificate  None  Included with form  Donor will send  Software to generate

Item  Received  Donor will deliver  Arrange for pick-up

Value \_\_\_\_\_ Value Type  Estimatable  Priceless

Item Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DONOR

Business  Individual

Business or Individual's Name \_\_\_\_\_

Affiliate\* \_\_\_\_\_

Donor Type\* \_\_\_\_\_

Anonymous  No  Yes

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Email \_\_\_\_\_

Donor Notes \_\_\_\_\_

Contact person, if donor is a business

Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

## SOLICITOR

Name \_\_\_\_\_ Unit \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Email \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only

Tax ID # 36-2193608