

Donation Form

Thank you very much for making a donation to the Houston Area Women's Center. This form will help us properly record your generous gift. Please keep the top copy of this form for your records or tax purposes.

Donor Information

Donor is: Individual Organization/Company

Name _____ Organization/Company Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Fax _____

Did you organize a fundraising event/drive? *(If so, please describe)* _____

How did you hear about The Women's Center? _____

In-kind Donations

Date of Gift _____

Please check the appropriate selections:

- Cell phones Clothes Food Toiletries Back to School Project Holiday Store Gifts
- Gift Cards: *(value/retailer/quantity)* _____
- Other: *(please describe)* _____

Fair Market Value

The IRS does not allow the Houston Area Women's Center to place a value on your donations. The information below is needed for our internal record keeping and serves as a receipt for your tax purposes.

Please indicate the estimated fair market value for your in-kind donation: \$ _____

Monetary Donations

Amount \$ _____ Type Cash Check # _____ Credit Card (circle one) Amex/Mastercard/Discover/Visa

Card Number _____ Exp. Date _____ CCV Code _____

Signature _____

Honorarium/Memorial Information

In Honor Memory of: _____

Name

Send acknowledgement to: _____

Name

Address

City, State, Zip Code

For Office Use Only:

Received by: _____

Date: _____

Donation Form # _____

