

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 to use as a receipt for 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 our center? _____

In-kind Donations

Date of Gift: _____

Please check the appropriate selections: Back to School Project Cell phones Clothes Food

Holiday Store Gifts Toiletries 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: _____

For Office Use Only: Received by: _____ Date: _____

