

Donation Form

Thank you for donating to the Houston Area Women's Center. This form will help us properly record your generous gift. Please keep a copy of this form to use as a receipt for tax purposes.

For any questions about your gift, please contact us at giving@hawc.org.

Donor Information

Donor is: ☐ Individual ☐ Organization/Company

Name _____ Organization/Company Name: _____

Address _____ City: _____ State _____ Zip _____

Email: _____ Phone: _____

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

How did you hear about the Houston Area Women's Center? _____

Would you like to be added to our (email) mailing list? ☐ Yes ☐ No

In-kind Donations

Date of Gift: _____

Please indicate type of item(s) you are donating:

☐ Basic Needs (food, toiletries, diapers, clothing, etc.)

☐ 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, if applicable: \$ _____

Monetary Donations

Amount \$ _____ Type: ☐ Cash ☐ Check # _____

If you would like to donate by credit card, please visit our website at hawc.org/donate/

Signature: _____ Date: _____

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