



Official Gift Receipt Donor Form for Contributed Items

North State Cancer League

Event Name: _____ Event Date: _____

DONATION

Item name _____

Item Type* _____ Category* _____

Certificate None Included with form Donor will send Software to generate

Item Received Donor will deliver Arrange pick up

Value _____ Value Type Estimable

Item description _____

Restrictions (if any) _____

DONOR

Business Individual

Business or Individual's Name _____

Affiliate* _____ Donor Type* _____ Anonymous No Yes

Address 1 _____

Address 2 _____

City, State, Zip _____ Fax _____

Phone 1 _____ Phone 2 _____ Email _____

Contact person(s) if donor is a business

Contact 1 _____ Phone _____

SOLICITOR

Name _____

Phone 1 _____ Phone 2 _____ Email _____

Donor Signature _____ Date _____

Please mail this form and Contributed Item to:

North State Cancer League
P.O. Box 493676
Redding, CA 96049-3676

Item # _____

TAX ID# 47-1921627