



# Donation Form

Date:

Business Name or First & Last  
Name of Individual Donor

Contact Name for Business  
Listed Above

Address

City, State, Zip Code

Email

Phone

Do you want to be included in our newsletter list? YES NO

Do you want your name to be listed on our website under Donors? YES NO

Type of Donation: CASH GOODS SERVICES OTHER

List specific items Estimated FMV

Is this donation In Honor of or In Memory of someone special? If so, please indicate name(s): \_\_\_\_\_

Are you interested in donating your TIME. If yes, please indicate the areas below. All volunteers are subject to a background check and must agree with our Statement of Faith.

Leading a specific  
activity:  
\_\_\_\_\_  
\_\_\_\_\_

Weekly help with  
youth (does not have  
to be every week)

Providing food or  
meals

Building &  
Maintenance

Other:  
\_\_\_\_\_  
\_\_\_\_\_