ozarkadventuresoffice@gmail.com
417-712-6807

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: _____ _____

Submit