girl scouts of california's central coast

GSCCC DONATION FORM

Donor Name: _____ Date of Gift: _____

If Donor is a Company, Contact Name: _____

Donor Address: _____

Donor Phone Number: _____ Donor E-Mail: _____

Donor Website: _____

Donor Type: ☐ Individual ☐ Corporation/Civic Group ☐ Foundation

This is a gift of: ☐ Cash ☐ Check #: _____ ☐ Credit Card (see below)

☐Goods/Services ☐Use of Facilities

_____

NAME

_____

CARD # EXPIRATION DATE CVV ZIP CODE

Purpose of Gift: (Is this designated for use for a specific program, or general donation?)

_____

_____

Description of Gift: (What is it? i.e. Construction paper and art supplies)

_____

_____

Value of the donated item (if in-kind donation): $_____ (To be filled in by donor)

Please provide a receipt if available.

Notes: _____

Received by: _____ Date: _____

PLEASE SUBMIT THIS FORM TO THE GSCCC FUND DEVELOPMENT WITHIN 24 HOURS OF RECEIVING THE GIFT.

Lauren Rangle
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