



ALLIANCE FOR CHILDREN DONATION FORM

Date of donation _____ Donation type: In-Kind Cash

Name of person making donation _____

On behalf of: Business Organization N/A

Business/Organization Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

IN-KIND ITEMS DONATED _____

What is the assessed value of donated items? \$ _____

CASH DONATION Amount \$ _____ Check # _____

Please send notification of my gift to: _____

☐ In honor of _____ ☐ In memory of _____

Address _____

City _____ State _____ Zip _____

Your donation will serve Alliance For Children's greatest need unless noted otherwise: _____

Donor Signature _____

*A copy of this form will serve as a receipt for your gift.
Alliance For Children Federal Tax ID #: 75-2363035*

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For office use only. **Please sign and date** when the below items are completed.

Form received by _____ on _____ at (circle one): FW N. Main NE NW Border Abram

Form sent to Development Dept. by _____ on _____

Thank you for your support!