



# SRD Donation Agreement Form

Tax ID# 94-603-1499

## Donor

Date: \_\_\_\_\_

Name (person or business) : \_\_\_\_\_  
Please print name as it should appear in acknowledgement

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of person to be contacted for additional information, if different than donor

Does donor wish to be anonymous?  Yes

## Donation

Description: *(Please describe your donation in detail to help us accurately represent your gift any acknowledgement materials.)*

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VALUE: \$ \_\_\_\_\_

Please indicate any special instructions:

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Please note: All donations to Strawberry Recreation District become property of Strawberry Recreation District. Donated items are not owned by individuals or organizations once donated to SRD organization.

All specified gifts to Strawberry Recreation District are tax-deductible as allowed by law. Tax ID# 94-94-603-1499

*For Office Use Only*

Specified Donation Category	Item	Date	Donation Type: Cash	Check	Charge	Received by: SRD Staff Initials	SRD Receipt Date