



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.)*

VALUE: \$ _____

Please indicate any special instructions:

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# 94-603-1499

For Office Use Only

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