

## **SRD Donation Agreement Form**

Tax ID# 94-603-1499

Donor								
Date:								
Name (person or	· business) :							
Name (person or			Please print	name as it shoul	d appear in acknow	ledgement		_
Phone:	F	-ax:		Email:				_
Address:								_
City:				s	tate:	Zip:		
Contact Person:			Emai	l:		Phone:_		
Does donor wish to	o be anonymou	ıs? ∐ Ye	<del>9</del> S					
Donation								
Description: (Plea	usa dasariba yayı	n donation	in detail to be	aln us accuma	tals vanvagant sa	un aift ann aakma	wladaamant mata	miala)
Description. (Fied	se describe your	aonation	іп авіан ю пе	eip us accurai	ety represent you	и дін ану аскног	vieagemeni maie	riais.)
VALUE: \$								
Please indicate a	any special ins	structions	S:					
Please note: All o Donated items ar								Distric
Donated items at	e not owned	by individ	duais or org	jai iizalioi is	once donated	to SIND digar	iization.	
All:	-l -ift- t- Ot		ti Dist	t		d bla Ta	ID# 04 000 4	1400
All specified	a giits to Strawl	berry Kec	reation distr	ict are tax-d	eductible as allo	owed by law. Ta	1X IU# 94-603-1	499
For Office Use Only	Itam	Doto	Donation	Charle	Cheman	Doggived by	CDD Daggint	7
Specified Donation Catagory	Item	Date	Donation Type:	Check	Charge	Received by: SRD Staff	SRD Receipt Date .	
		<del>                                     </del>	Cash			Initials		-
	1				1		1	