

The Rich Center for Autism Donation Form



Donor Name (as it should be listed): _____

Contact Person: _____ Phone: _____

Address: _____

Email Address: _____

Item(s) being donated: _____

Estimated Value: \$ _____

The Rich Center may write a description and/or edit as needed: _____

I will write my own description: _____

Description as it should appear: _____

Restrictions if applicable: _____

Gift Certificates: Donor provided I authorize The Rich Center for Autism to provide a gift certificate.

Is the item included with this contract? Yes No

- If No:
- Donor will deliver on _____
 - To be picked up on _____ by _____
 - With Solicitor (the person soliciting the donation will keep with them until the event)
 - Other instructions _____

Donor Signature: _____ Date: _____

The bearer of this document is a family member or friend of The Rich Center for Autism / Friends of The Rich Center and is soliciting gifts and monetary donations on behalf of The Rich Center for Autism. The Rich Center for Autism is a non-profit organization, all gifts are tax deductible. (Tax Exempt # 81-3747269)

For office use only: Entered by: _____ On: _____ Check #: _____ Event: RTRC PB NATR Other: _____ Notes:

Solicited by: _____
Phone: _____
The Rich Center for Autism
One University Plaza
Youngstown, Ohio 44555
Phone: 330-941-1927
Fax: 330-941-4670



RECEIPT FOR CONTRIBUTION

Under the Pension Protection Act of 2006, contributions of cash, check or other monetary gifts in any amount must be supported by a bank record or written communication from the non-profit agency receiving contribution. In order to comply with the requirement, we are supplying this receipt to you. Please retain this receipt for tax purposes. Consult your tax advisor regarding deductibility of the contributed assets.

Donor Name: _____

Date of Contribution(s): _____

Amount of Contribution(s): _____

Tax ID: 81-3747269 Friends of The Rich Center for Autism

The following information will be completed only if goods and/or services were provided in consideration of the contribution.

Description: _____

Estimated Value: \$ _____

The information above is provided for the purpose of complying with IRS requirements.

Melanie Carfalo, Executive Director,
The Rich Center for Autism
One University Plaza
Youngstown, Ohio 44555
Phone: 330-941-1927
Fax: 330-941-4670