SUMMIT EDUCATIONAL FOUNDATION
2017 SPRING FOR EXCELLENCE DONATION FORM
March 11, 2017

Donor Information	**Donor Name (Business or Individual):**_____
	(Please print name(s) exactly as it should appear in our tax records and event program.) ___ Check for anonymous donation
	
	Address_____
	
	City_____ **State** _____ **Zip**_____
	
	Phone _____ **Email** _____
	
	        Contact Person (if different from Donor Name)_____
	
	        Contact Person Phone or Email _____
	        (Please provide the best form of contact for questions regarding your donation)

Donation Information (Please place information about additional donations on a separate form.)	**Item Name** _____ **Item Description** **(Please provide a description, 25 words or less, of your item to be published in the event program. Be specific and include expirations, limitations and/or other terms.)** _____ _____ _____ _____ _____ **Please include photos or brochures if available.** **Please check one of the following boxes:** ☐ Item is included ☐ I will deliver or send my item to SEF Chair **by February 1st** (address listed below) ☐ Please create a gift certificate for me based upon my item description ☐ I will contact a SEF representative to arrange pick-up of my item

Please state:
Fair Market Value of Item:

$ _____

The IRS requires that every donation must have a fair market value. Your donation might be tax deductible at such fair market value as stated by you, the donor. Please keep a copy of this form for your records.

SEF is a 501(c)(3) tax-exempt entity.

SEF Chair Contact Information	*Please return this form and your donation to:* **SEF Spring For Excellence** Attention: Trish Murphy 113 Hobart Avenue Summit, NJ 07901 Phone: (917-887-9748) or Email: trishmurphy15@verizon.net

SEF Thanks you for your generous donation!