

ITEM NO. \_\_\_\_\_



# Donation Form

Tax I.D. #74-1811014

PLEASE PRINT ALL INFORMATION:

Donor \_\_\_\_\_ Phone \_\_\_\_\_  
(Full Name as it is to be printed in acknowledgments)

Email Address \_\_\_\_\_

Street Address \_\_\_\_\_  
City State Zip

Mailing Address (if different) \_\_\_\_\_  
City State Zip

Authorized by **X** \_\_\_\_\_  
(Signature) (Title)

(Print Name \_\_\_\_\_ Print Name for "Recognition" if Different \_\_\_\_\_)

Date \_\_\_\_\_ Solicited by \_\_\_\_\_ Phone \_\_\_\_\_

## DONATION

**Complete description:** (Include any restrictions. Please be specific with dates and number of persons.  
For vacation home, if possible, please include photo.)

\_\_\_\_\_

\_\_\_\_\_ Est. Market Value \$ \_\_\_\_\_

Buyer Instructions: Call for appointment: \_\_\_ yes \_\_\_ no; Contact: \_\_\_\_\_  
Person Phone

\_\_\_\_\_

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

**CHECK ONE:**

☐ **LETTER**

Provided by Donor

☐ **CERTIFICATE or TICKETS**

Provided by Donor

☐ **DONATION FORM**

is the Certificate

☐ **DONATION**

has been received

☐ **DONATION** is to be picked up

Pick-up or delivery instructions: \_\_\_\_\_

Date, Place, Time, Contact Person for Pick-up or Delivery, Etc.

Please keep a copy of this form for your records.

Revised: 9-18

Mail or deliver to: **Northland Christian School**  
**Attn. Development Office**  
4363 Sylvanfield Drive / Houston, TX 77014  
Phone: 281-440-1060 / Fax: 281-440-7572