



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