

Our House/NHCP/Tod's Corner/Esther's Pantry

DONATION INFORMATION FORM

Please fill out <u>all sections</u> completely & legibly. Please attach any supporting information or documents.

Fax to 503-595-8879 or mail to Dana in the Business Office, 2727 SE Alder St., Portland, OR

97214. Thank You! (Our tax ID number is 93-0986632)

Section 1:		letter for tax purposes. After you return this form k you letter/tax receipt, with our tax ID number
Donor Name:		
Donor Address:		
City, State, Zip:		
Phone: Cell Home (circle c	one)	Work Phone:
Email		
Section 2 <u>Donation Information</u> For each item donated, please complete all of the following information:		
Please check the type of gift this donor gave:		
This donor gave \$ in cash/check. (Please put cash/check and this form in an envelope.)		
	• •	or services, described below: a tax receipt without this information)
Gift Descrip	otion (clothes, etc.)	Gift Value (required for receipt)
Section 3 (Our House	use only)	
Gift Received by:	Date	e: revised: 1/16