



Donation Form

Donor Information

Please enter all information as it should appear in the catalog

Donor/Company Name:			
Address:			
Address, cont.:			
City:			
State:		ZIP:	
Email Address:			

Donation Information

This information will be used in the catalog description. Please be precise but concise.

Item Name:	
Item Value:	
Detailed Description:	
Expiration Date:	

Donor Signature: _____ Date: _____

Your gift may be tax-deductible. Federal Tax ID #91-1196545
 Mailing Address: 17839 Aurora Ave North Shoreline WA 98133
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