

KARE CRISIS NURSERY CASH DONATION FORM

Please provide the following information to update inventory records and initiate a letter of confirmation and tax documentation. Your donation is greatly appreciated and you may be sure that it will be put to good use.

Cash/Check Amount: \$ _____

Comments: _____

Donated by (please type or print and fill out completely) Existing Donor New

Name: _____

**Address: _____

Telephone Number: _____ Cell Number: _____

Email Address: _____ Date _____

** (Needs to be filled out for NEW Donor only)**

FOR OFFICE USE:

	Date	Initials
Donation Received:		
Copy of check to Bookkeeper,		
Input to Database:		
Thank You Sent:		

KARE Crisis Nursery
www.karecrisisnursery.com
 P. O. Box 2080
 Grass Valley, Ca. 95945
 (530) 265-0693

EIN: 31-1744330

DLN: 17053127722095

Copy Check Here