

SATURDAY, OCTOBER 21, 2023 AT 6:00PM - THE CHARLESTON 114 COMMONWEALTH AVENUE, FULLERTON

IN KIND DONATION FORM

DONOR INFORMATION

NAME:		
PHONE: EMAIL:		_
COMPANY NAME:		
COMPANY WEBSITE:		
ADDRESS:		
CITY:		_
☐ I WISH TO REMAIN ANONYMOUS		
I/WE WISH TO MAKE THIS DONATION [] IN HONOR OF OR [] IN MEMORY OF:		
DONATION INFORMATION		
DONATION TYPE PRODUCT SERVICE		
ITEM DESCRIPTION:		_
TOTAL FAIR MARKET VALUE OF DONATION, required by the IRS:		
RESTRICTION/EXPIRATION:		_
		-

IN KIND DONATION RECEIPT

THIS DOCUMENT SERVES AS A RECEIPT FOR YOUR DONATION. IF YOU ARE NEED OF ADDITIONAL INFORMATION, PLEASE CONTACT US AT (657) 217-2611 OR BY EMAIL AT FULLERTONEDUCATIONFOUNDATION@GMAIL.COM

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ITEM RECEIVED BY: ERTON DONATION DATE: ______ DESIGNATION: _____

FULLERTON EDUCATION FOUNDATION
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