



P.O. Box 72216
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DONATION FORM

Please complete this form, keep a copy for your records, and send the original to the above address

DONOR INFORMATION

Date: _____

Name: _____
 Company: _____
 Address: _____
 City, State ZIP: _____
 Phone: _____

	Description of Donation (Income) (memo)	Acct #	Use For (Class)	Value (credit)
1				
2				
3				
TOTAL				\$

DONOR SIGNATURE : _____

Donations are tax deductible as allowed by law.
IRS Identification Number 26-1109351(applied for)
Thank you for your contribution to Rebuilding Together

For Rebuilding Together Treasurer Use:

Item	Donation Utilization (Expense) (memo)	Acct#	Class	Value (Debit)
1	N/A			
2	N/A			
3	N/A			

ENTRY NUMBER: _____

Posted By: _____ **Date:** _____