



DONATION RECEIPT

DATE: _____

NAME: _____

COMPANY (IF NOT INDIVIDUAL DONOR): _____

COMPANY CONTACT: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

E-MAIL: _____

ITEM TYPE:

CASH DONATION – LIST AMOUNT _____

GIFT CERTIFICATE FOOD ENTERTAINMENT CERTIFICATE

OTHER

PLEASE PROVIDE A DESCRIPTION OF DONATION :

PROVIDE THE RETAIL VALUE OF YOUR DONATION: _____

DONATION RECEIPT INFORMATION:

I will mail my item to the Phoenix Indian Center

Please call me to arrange for item pick-up

I am unable to contribute at this time, please try me again next year

Please send me a tax receipt at the address above or another address written on the back of this form

TAX ID: 86-6006566

PLEASE FAX COMPLETED FORMS TO 602-274-7486 OR MAIL TO:

CAROL ORTIZ • 4520 N. Central Ave., Ste 250 • Phoenix, AZ 85012

For additional information, please contact Carol Ortiz at 602-264-6768 ext. 2103