

Donation Acknowledgement Form

To be completed by donor:

☐ Check to remain anonymous

Full Name (Last, First, MI):

Company (if Applicable):

Address:

Apt:

City:

State:

Zip:

Email Address:

☐ Check to opt-out of future newsletters

☐ Check to receive thank you letter via e-mail

☐ Check to receive thank you letter via USPS

Please complete if donation was made as gift:

In Memory/On Behalf of:

Memo:

Description of Donated Item(s):

Value of Donated Item(s):

\$

Total:

To be completed by staff:

Date Received:

Facility:

Program donation will be used for:

Next Move Staff Name (Print):



Thank You for Your Support!

Tax I.D. # 94-2172933

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