

EXPERIENCES, GOODS and SERVICES: Silent and Live Auction Donation Receipt

<p>DONATION MAILING ADDRESS 215 East New Hampshire St. Phone: 407-898-2483 x 27 Fax: 407-898-0236 e-Mail mkimbrell@lcf-fl.org www.lighthousecentralflorida.org</p>		<p>STAPLE DONOR'S BUSINESS CARD HERE</p>
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<p>Contact Name for Donor: _____</p>	<p>Company or Donor wishes to be listed in print material as: _____</p>	<p>Organization contact who requested this donation: _____ OR <input type="checkbox"/> This donation is unsolicited</p>
<p>Mailing Address: _____ _____</p> <p><input type="checkbox"/> Yes this is the address where this donation will be redeemed <input type="checkbox"/> No, contact address only</p>	<p>Phone: _____ Contact E-mail: _____</p> <p>Donor website: _____</p>	<p>Value of item donated: estimate "FAIR MARKET VALUE" <input type="checkbox"/> \$ _____ <input type="checkbox"/> "priceless"</p> <p>Expiration of item donated: <input type="checkbox"/> VALID until _____</p>

<p>DONATION: <i>Please describe what the donation includes (as well as restrictions on its use, if any.)</i> _____ _____ _____</p> <p><input type="checkbox"/> I am including displays, brochures or promotional visuals <input type="checkbox"/> I DO NOT need these items back <input type="checkbox"/> I need these items returned</p>	<p><u>DONOR:</u> A COPY OF THIS FORM WILL BE PROVIDED WITH YOUR THANK YOU LETTER FOR YOUR RECORDS</p>
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I acknowledge that this is a gift to Lighthouse Central Florida on behalf of myself/ my business. I confirm that the above property item is mine and do hereby transfer ownership to Lighthouse Central Florida for their use in fundraising activity.

DONOR SIGNATURE: _____

Your donation may be tax deductible. Please ask your tax advisor to see if you qualify.



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