5120 Simpson Ferry Road * Mechanicsburg, PA 17050 * 717.766.7652

DONATION FORM

Contributor's Name (Individual / Company / Church):

_____

Contact Person (if applicable): _____

Mailing Address of Contributor: _____

City _____ **State** _____ **Zip** _____

Telephone: _____

Description of Donated Items: _____

_____

_____

The above information is provided for the purposes of complying with IRS requirements and is accurate to the best of my knowledge.

Signature _____ **Date** _____

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

For UMHC Use Only

Date Received _____ **Received By** _____

Recreation _____ **Clothing** _____ **Food** _____

Domestics _____ **Personal Grooming** _____

Office Supplies _____ **School Supplies** _____

Misc _____ **Total Value:** _____