

7th Annual

CHARITY GOLF CLASSIC

Monday, August 18, 2008



Presented by:

WELLS FARGO

Donation Receipt

Please fill out this form as completely as possible, as this information will be used in printed materials. Information will be used to give exposure to your donation and bring in the highest possible bid. Please fax back to (714) 543-4398.

DONATION ITEMS: _____

COMPLETE DESCRIPTION OF DONATION (Include any information to promote your donation. Please supply any information regarding color, size, rarity, interesting facts, types of service, etc.):

RESTRICTIONS (Number of persons, time of year, excluded dates, expiration dates, etc.):

VALUE OF ITEM (Note: value established by donor): _____

MERCHANDISE

- Delivered to the Child Abuse Prevention Center
- Will be mailed/shipped to the Child Abuse Prevention Center by: _____

GIFT CERTIFICATES

- Prepared by donor (Note: Please enclose certificate with this form.)
- Will be prepared by the Child Abuse Prevention Center

DONATED BY (as it will appear in print): _____

CONTACT NAME: _____ **TITLE:(Optional):** _____

ADDRESS, CITY, ZIP: _____

DAYTIME PHONE: _____ **EMAIL:** _____

CAPC CONTACT: _____

DONOR SIGNATURE: _____ **DATE:** _____

Please keep a copy of this form for your records.

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