OUR HOUSE

INSPIRING PEOPLE WITH HIV/AIDS TO LIVE WELL

Our House /NHCP/Tod's Corner/Esther's Pantry

DONATION INFORMATION FORM

Please fill out **all sections** completely & legibly.
Please attach any supporting information or documents.
Fax to 503-595-8879 or mail to Allen in the Business Office, 2727 SE Alder St., Portland, OR 97214. Thank You!

Section 1

This is not a donor receipt. After you return this form,
a thank you letter & tax receipt will be sent to:

Donor Name: _____

Donor Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Section 2

Donation Information

For each item donated, please complete all of the following information:

Please check the type of gift this donor gave:

_____ This donor gave $_____in cash.
(Please put cash and this form in an envelope and put in front office.)

_____ This donor gave in-kind gift/s of goods or services, described below:
(We cannot thank the donor or send a receipt without this information)

Gift Description (clothes, etc.) **Gift Value** (required for receipt)

Section 3

Gift Received by:_____ Date:_____

revised: 6/07