



**Compassion Community Outreach**

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## 2017 DONATION FORM

*(Please type or use blue or black pen)*

Volunteer Member	NAME:	PHONE:
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**Donor Information:**

**BUSINESS/DONOR NAME – FOR CATALOG:** *(As it should appear in catalog)*

**DONOR CONTACT NAME:**

**DONOR ADDRESS:**

**PHONE**

**CITY:**

**STATE:**

**ZIP:**

**EMAIL** *(This is how we will send you your receipt. Please Print Clearly)*

**Item Information:**

**ITEM:**

**ESTIMATED DOLLAR VALUE:**

**ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, DAYS/NIGHTS AND ALL RESTRICTIONS:**

**MARK APPROPRIATE BOX:**

- Delivery of item by Donor       Donor provides Certificate  
 Item needs to be picked up       Committee to create Certificate  
 Promotional material provided by Donor

**SIGNATURE**

**DATE:**

**For office use only:**

**TRACKING NUMBER:**

**NOTES:**

**PLEASE RETURN YOUR DONATION FORM BY [DATE]**



**Compassion Community**

Fed Tax ID#: xx-xxxxxxx