**Nonprofit Donation Form Template**

#### **Donor Information**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Organization Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **Donation Type**

**[ ] One-Time Gift  
[ ] Monthly Contribution  
[ ] Memorial Donation  
[ ] General Fund Donation**

#### **Donation Amount & Method**

**Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_  
Payment Method: [ ] Credit Card [ ] PayPal [ ] Cash [ ] Check**

#### **Purpose of Donation**

**[ ] Education Fund  
[ ] Healthcare Initiatives  
[ ] Environmental Programs  
[ ] Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **Acknowledgment Preferences**

**[ ] Send a donation receipt via email  
[ ] Send a physical receipt via mail  
[ ] Do not send acknowledgment**

**Consent & Authorization  
I confirm that the above information is accurate.  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**