**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**