

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