

Nonprofit Organization Donation Form

Organization Information

Organization Name: _____

Tax ID (if applicable): _____

Organization Address: _____

Phone Number: _____ Email: _____

Donor Information

Full Name: _____

Business/Organization (if applicable): _____

Mailing Address: _____

Phone Number: _____ Email: _____

Donation Details

Donation Type:

One-Time Donation

Monthly Recurring Donation

In-Kind Donation

Donation Amount: \$ _____

Payment Method:

Credit Card Check Cash Online Transfer

Special Instructions or Dedication:

Acknowledgment & Consent

I acknowledge that this donation is made voluntarily and is non-refundable.

Donor Signature: _____ Date: _____