



DONATION INFORMATION FORM

DATE OF GIFT _____ **RECEIVED BY** _____ Internal Use Only

GIFT TYPE & AMOUNT

PROGRAM DESIGNATED GIFT

- CASH/CHECK _____
- CREDIT CARD _____
- PLEDGE _____

- GENERAL
- OTHER _____

Date of Pledge Payment: _____ **Method of Payment:** _____

IN-KIND GIFTS

CORRESPONDENCE

- CLOTHING
- HOUSEHOLD
- OTHER

- U.S. MAIL
- PHONE
- EMAIL _____

DESCRIPTION OF IN-KIND GIFTS

Name

Address

Phone

Please complete one form for each gift.
All related questions should be directed to Kayla Jones at (805) 485-6114, ext. 622 or kjones@icfs.org