

Donation Acquisition Form

Send To	trmgalateam@gmail.com	
Business Name		
	Business Name	
Business Address		
	Street Address	
	City	State/Province
	Postal/Zip Code	Country
Contact Name		
Contact Phone	Area Code FIRST	
	Area code rinsi	
Contact E-Mail		
	example@example.com	
Item Description		
	Charity Donation	
Fair Market Value		Exp. Date
	Charity Donation	
Item Info + Restrictions		
*Please also include if		
you would prefer to		
wish anonymous.		
	•	store locations and/or restrictions to this
	donation, In an attachment, please include all pertinent marketing materials. Please also disclose here if you wish do be an anonymous	
	donor/sponsor.	,
Signature	Date	
Printed Donor Name		