



Heads UP Tri-Cities  
**DONATION FORM**

**DATE:** \_\_\_\_\_, 20\_\_\_\_\_

**DONOR'S INFORMATION:**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

**ITEMS DONATED & ESTIMATED VALUE:**

List of Items Donated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Estimated Value: \$ \_\_\_\_\_

*\*2% of funds donated will be used to cover admin costs of organization.*

<b>ITEM(S) WILL NEED TO BE PICKED UP</b>	<b>YES</b>	<b>NO</b>
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Date \_\_\_\_\_ 20 \_\_\_\_\_

Heads UP Tri-Cities  
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