



Donation Form

*To be used by ACC Partner when collecting monies on
behalf of the Program of the ACC.*

***Please make checks payable to:
The Angle Charitable Corporation***

*This is a Program of The Angel
Charitable Corporation, a recognized
501(c)3 corporation in the state of
Nevada and the IRS.
EIN: 88-1072465

Date: _____

Name of Program*: _____

Donor Name: _____

Fill out Donor Address below, or if info. on check is correct, check here: ☐

Donor Address: _____

Donor Phone #: _____ Donor Email: _____

Contact Person: _____ Phone#: _____

(if different from donor)

Special Purpose (if any):

Amount: \$ _____

Were any goods or services provided to the donor in exchange for the contribution? ☐ Yes ☐ No

If Yes, what was the value \$ _____

and provide a description:

Prepared by: _____

Please submit completed, signed form(s) with monies to:

The Angel Charitable Corporation
203 S. Water Street, Suite 310
Henderson, NV 89015
(702) 202-0745
accounting@theangelcc.com