

Donation *form*



Date : _____

Name : _____

Company: _____

Email : _____

Address : _____

CASH

CHECK

CREDIT CARD

OTHER

PLEASE MAKE CHECKS OUT TO THE "IDAHO VETERANS GARDEN"

Item Description	Qty	Value

Notes

Organizers Name (printed)

Organizers Signature

REMOVE AND RETURN TO DONOR AFTER DONATION IS RECEIVED

Receipt



Donor Name: _____

Item: _____

Value: _____

Organizer Signature: _____

Date: _____

501C3
TAX ID# 47-5027200

Thank You!