

NON CASH DONATION FORM



BSW Central Texas Foundation
2401 S. 31st Street
Temple, TX 76508
Tel: 254.724.1791

Date: _____

Title: Mr. Mrs. Ms. Miss Dr. Reverend Honorable

Name: _____

Company (if applicable): _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Home Work Cell Other

Email: _____

Auction Item Raffle Item Other

Description of Item(s):

Item 1: _____ Est. Value \$ _____

Item 2: _____ Est. Value \$ _____

Item 3: _____ Est. Value \$ _____

Total Est. Value \$

Designation/Fund: Child Life

Donor Signature: _____ Date: _____

Your contribution to this 501(c)(3) organization is tax deductible to the extent allowable by law.

Notes: _____

