



Camp Office
11615 Hesby Street
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www.campdelcorazon.org

Donation Form

Tax ID: 501 c(3): 95-4599670

Date: _____

Donor/Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Phone: _____ **Alt. Phone:** _____

Donated Items

Certificate Provided

Physical Item to be Received

Expected date: _____

Item Enclosed

Fair Market Value (by donor) \$ _____
(Required for tax purposes)

Description & Item Limitations: Please include pertinent facts for description. Limitations would include number of persons, expiration date and exclusion dates, geographical limitations, insurance requirements, etc. Unless otherwise specified, all certificates expire one year from event.

Solicited by: _____ **Phone:** _____

Thank you!!!

For Office Use:
Item Received Date: _____ Item # _____