

Donation



Product Program

Received By:

Name of Organization: _____

Address of Organization: _____

City, State, Zip: _____

Phone: _____

Federal Tax I.D. # _____

Donated By:

Girl Scouts of Northern California,
1650 Harbor Bay Parkway Suite 100
Alameda, CA 94502

Total = _____ packages (**as a reminder packages may not be resold.**)

GSNorCal Donor

Print Name _____

Signature _____

Date _____

SU Name & Number or Troop Number _____

Recipient Representative

Print Name _____

Signature _____

Date _____