Product Donation Form

Girl Scouts of Northern California Product Programs

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
1.800.447.4475

Total item quantity* = _______________ Retail Value* = _______________

*As a reminder, products are only sold by Girl Scouts – businesses may not resell products.

GSNorCal Donor

Print Name ____________________________

Signature ____________________________

Date ________________________________

GSNorCal SU Number &/OR Troop Number

____________________________________

Recipient Representative

Print Name ____________________________

Signature ____________________________

Date ________________________________

GSNorCal SU Number &/OR Troop Number

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