

Offline **Donation Form**

The purpose of this form is to document offline donations to troops/service units whether gift-in-kind, sponsorship, or other, so we may acknowledge their gift and provide appropriate donor recognition.

Donor Information (Please print legibly)

	(Flease print legibly)	
Company Name (if app	licable):	
Address:		
Phone:	Email:	
Gift-in-Kind (equipn Fundraising (cash g Cause-related Mark Donation Date:	ift as a result of direct solicitation eting (i.e. a pizza place donates a Donation Item:	portion of night's proceeds)
Purpose:		* Gifts Valued at ^{\$} 100+ will be
The value I have assig	ned to this gift is \$	included in the Annual Report
Donor Signature		
	r mation (if above was not	
Company Name (if app	licable):	

Company Nam	ie (if applicable	e):						
Address:								
Phone:		Emai	l:					
What is the submitter's relationship to the donor?								
Check one:	Family	Friend	Community Relationship	Self				

Return completed form to Fund Development Alameda Office: 1301 Marina Village Pkwy #200, Alameda, CA 94501. For questions, contact Fund Development at (510) 562-8470 ext. 1505 or FundDevelopment@gsnorcal.org.

For Fund Development Use Only			
Received by	Date	Project Code	
Notes			