

Circle of Care Foundation
DREAMS ON CANVAS
DONOR FORM

Item# _____

DONATION INFORMATION

Item Name

Certificate None Included with form Donor will send COCF to generate

Item Received Donor will deliver Arrange pick up

Value \$ Value Type Estimable Priceless

Expiration Date

Item Description

DONOR INFORMATION

Business

Individual

Business or Individual's Name

Address 1

Address 2

City, State, Zip

Phone

Fax

Email

Contact person(s), if donor is a business

Contact 1

Phone

Contact 2

Phone

Donor Signature

Date

SOLICITOR INFORMATION

Requested by COC/Board Member:

The Circle of Care Foundation is a 501(c)3 organization. Tax ID# 76-0740674
Gifts to the Circle of Care Foundation qualify for the maximum charitable deductions allowed by Federal and California income tax laws.

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