



OR AMI ONE AUCTION DONATION FORM



DONATION

Item Name: _____

Item Description: (Please be detailed and enclose any applicable letters, certificates, brochures, or promotional materials) _____

Restrictions, blackout periods, and/or limitations: _____

Estimated Retail Value \$ _____ Expiration Date: _____

Check one: Donation enclosed Please create a certificate
 Donation will be mailed Donation needs to be picked up

DONOR

BUSINESS INDIVIDUAL

Please provide your name and address if you would like to receive a thank you note and receipt for tax purposes.

Donor Name (as you wish to be acknowledged) _____

Contact Name (if different from above) _____

Company Name (if different from above) _____

Address _____

City _____ State _____ Zip _____ Phone _____

Donated items must be received no later than March 1, 2018 in order to receive recognition.

Thank you for your donation!

Tax ID #26-1439128
The Caring Community Foundation is a nonprofit 501(c)(3)

Please complete this form and email it to One@OrAmi.org
or mail it to, 26115 Mureau Road #B, Calabasas, CA 91302