

Donation Record

Date Received:

Amount Received:

Donor/Company Name:

Contact Name:

Address:

City/ State:

Zip Code:

Phone:

Email:

Program Designation:

Received By (Cascadia Staff):

In-kind Donations

Description of Item(s):

Quantity:

Donor Declared Value:

**PLEASE SEND THIS COMPLETED FORM WITH CHECKS/CASH IN A SEALED ENVELOPE TO
PHILANTHROPY AT THE ADMINISTRATION OFFICE**

Contact Philanthropy
give@cascadiahealth.org