

IMAGINE GUILD OF MITCHELL

413 N. Main • MITCHELL, SD 57301 • Tel: 605-999-2269 • Fax: 605-996-3720

2011 DONATION FORM

Guild Representative:

(Please type or use ball point pen)

NAME:	ADDRESS & DAY TELEPHONE:
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Donor Information:

DONOR NAME			
DONOR CONTACT NAME:	TELEPHONE:	FAX:	EMAIL:
DONOR ADDRESS:	CITY:	STATE:	ZIP:

Donation Amount or Item:

Cash Donation\$
Donated Item Value\$

Please make Check or Money Order payable to Imagine Guild, Inc.
TIN 26-2550913

Item Description:

DONOR SIGNATURE & DATE:	Print Name & Title
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For office use only:

TRACKING NUMBER:	CATALOG NUMBER:	NOTES:
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Benefiting the

CYSTIC FIBROSIS FOUNDATION

501 c 3 Non-Profit Corporation

Your Fed Tax ID#: _____ • Your donation may be tax deductible •
Check with your tax advisor

*****PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND SEND THIS FORM ALONG WITH YOUR DONATION...THANK YOU!!!**