



RETIRES ASSISTANCE PROGRAM

A Non-Profit 501(c)(3) Organization

RAP Fundraiser Donation Form

Please Print All Information

DONATED ITEM INFORMATION

**** Monetary donations are always accepted ****

ITEM: _____

DESCRIPTION: _____

VALUE: _____

TAX RECEIPT REQUEST: Yes No

Note: Receipt will be automatically mailed if item is \$250 or over.

DONOR'S INFORMATION
(Please put the exact, full name of the business or individual making the donation)

DONOR'S NAME: _____

DONOR'S CONTACT: _____

DONOR'S ADDRESS: _____

DONOR'S PHONE #: _____

SOLICITOR'S INFORMATION

SOLICITOR'S NAME: _____

SOLICITOR'S ADDRESS: _____

SOLICITOR'S PHONE #: _____

COMMENTS: _____
