



SANTA MARIA COMMUNITY SERVICES™

CASH & NON-CASH DONATIONS

Santa Maria Community Services truly appreciates your contribution. So we may acknowledge your gift adequately, please provide your full address (name, street and number, city, state and zip code). Please be as specific as possible in describing the items donated. Thank you!

DONOR NAME: _____

DONOR AGENCY/ORGANIZATION (if applicable): _____

DONOR ADDRESS: _____

Number Street

City

State

Zip Code

DONOR PHONE (optional): _____

Home

Work

Fax

CASH DONATION: ____ Personal Check ____ Cash ____ Money Order

VALUE (to be completed by the donor): _____

I received the cash donation and have verified the value: _____

SMCS Staff Member Signature

NON-CASH DONATION (please be as specific as possible):

ESTIMATED VALUE (to be determined by the donor): _____

THANK YOU FOR YOUR GENEROSITY!

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ RECEIVED BY (staff person's name): _____

SITE ACCEPTING DONATION: EPH LPH SED/Admin FOC LCW

Please return completed form to Nune Sargsyan at the administrative offices ASAP. All acknowledgements for donations will be generated from the administrative office. Thank you!