



## DONATION FORM

DONOR NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

### DATE(S) & DESCRIPTION OF DONATION

_____	_____
_____	_____
_____	_____

### TIME DONATED (list # of hours per day)

_____	_____
_____	_____
_____	_____

### YOUTH INVOLVED (to be filled out by the program)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### VALUE OF DONATION

_____	_____
_____	_____
_____	_____

Signature of Donor \_\_\_\_\_

Printed Name of Donor \_\_\_\_\_

Meadowlark Signature \_\_\_\_\_