

Donation Contract



Date Submitted: _____

DONOR INFORMATION:

Contact Name: _____

Company/ Organization: _____

Address: _____

City, State & Zip: _____ Website: _____

Contact Phone: _____ Company Phone: _____

Contact Email: _____ Company Email: _____

Signature: _____

Check to remain anonymous

DONATION DESCRIPTION: (Attach additional information as necessary)

Declared Value: _____ Restrictions: _____ Exp. Date: _____

Please check appropriate box:

Items to be picked up by: _____

Items delivered by: _____

Item(s) enclosed

Certificate/gift card enclosed

MONETARY DONATION (Choose one)



Credit Card No.: _____

Name on Card: _____ Exp. _____ CCV _____ Zip Code _____

Check No. _____ (enclosed)



Copper Ridge Parent Teacher Organization

10101 E Thompson Peak Parkway, Scottsdale, AZ 85255

The CRPTO is a 501(c) (3). Tax ID: 86-1028159

Your donation may be tax deductible. Please check with your tax advisor.