**TODAYS DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby certify that goods and/or services donated to CAPCIL [ ]  were [ ] were not paid for with Federal Funds.

Donor [ ]  did [ ]  did not receive goods or services in exchange for this contribution.

Description of Donation:

Value of Donation:

Type of Donation: (Please Select One)

[ ] Service/Training [ ] Goods/Materials [ ] Space [ ] Meals

**\*Include time for planning, travel and follow-up**

Donor Name:

Address:

City, State, Zip:

If Service donation, list occupation: Hourly Rate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Donor Signature of CAPCIL Staff Member

CAPCIL Administers varied programs in DeWitt, Fulton, Logan, Mason, Menard, and Piatt Counties and is a tax-exempt organization described in Section 501 (c)(3), Internal Revenue Code. Your contribution may be tax deductible. For more details contact your tax advisor.

Thank you for your generous donation. A copy of this form is available, upon request.