



CAPTAIN
 Community Human Services
Lifting people up. Building brighter futures.

For Office Use Only	
Date Entered:	_____
Staff Initials:	_____
Office:	_____

The following donations were received on (date) _____:

as part of (event name) _____

Total Value of Donation \$ _____

Donor Name (please print) _____

Address _____

City, State, Zip _____

Phone _____ Email _____

I'd like to be included on the email list (please check) _____

Volunteer Event Planner Signature _____

Note: Tax statements provided upon receipt at CAPTAIN CHS.



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