

Southside Center for Violence Prevention  
(Madeline's House)

**Monetary Donation Form**

*Thank you for your donation to Southside Center for Violence Prevention.*

**Donor Information**

<input type="checkbox"/> This donation is from a business/organization ---	Business/Organization: Contact Name:
<input type="checkbox"/> This gift is from an individual -----	Name:
Email	
Address	
Phone Number	
<i>SCVP does not sell, rent, or exchange your information with any other organization.</i>	

**Monetary Donation**

Cash Amount: \$ _____	Check Amount: \$ _____ Number: _____	Gift Certificate Amount: \$ _____ Vendor: _____
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**Delivery Information**

<input type="checkbox"/> Enclosed <input type="checkbox"/> Drop-off <input type="checkbox"/> Mailed  Date: _____	<input type="checkbox"/> Needs pick-up Date: _____ Time: _____ Point-of-Contact: _____ Location: _____ Special Instructions: _____
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**Requests and Disclosures**

Do you wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact you about future donations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a restriction on the use of this donation? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify the restriction: _____	
Was the contribution obtained with or supported by Federal funds? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify the following information: Agency: _____ Grant/Contract Number: _____	
Tax Receipt Requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	<i>For Office Staff Only:</i> Tax Receipt Number: _____

**Signatures**

Signature of Donor	Date:
Name of Staff Authorizing Donation	Date:
Signature Staff Receiving Donation	Date: