



17 Buckeye Court
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Phone & Fax
707-762-9136
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www.carouselfund.org

Donation Certificate

Donor: _____
(Individual, Firm, Other)

Contact Person: _____

Address: _____
_____ Zip: _____

Telephone: (____) _____

Description of Item/Service Donated:

Restrictions/Effective Dates, Etc.:

Value: _____ Date: _____

Donor Signature: _____

Carousel Fund Rep: _____

All donations are tax deductible.

For your convenience, your signature above will render this a valid "Gift Certificate"

Send one copy of this form to the address above. Keep a copy for your records.

Thank You!

"Together we can make a difference"