



(For WY-WSF office use only)

Destination/Item #

Art, Merchandise, Cash Donation Form

Donor Name: _____

Company Name (if desired): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ E-mail: _____

Donor's Signature (if available): _____

Description of Donation: _____

Date of donation: ____/____/____

Est. Value of Donation: \$ _____ Item is 100% Donated?: Y or N

Donor Wishes % split (50% maximum split)?: Y or N

If Yes, specify % split desired by donor: _____%

WY-WSF makes no representation, express or implied, concerning deductibility of this item for federal income tax purposes. Donor should contact tax adviser for questions regarding deductibility of this donation. WY-WSF is a tax-exempt 501(c) organization.

Signature of WY-WSF Representative

Date: ____/____/____

[White Copy to Donor; Yellow Copy to WY-WSF]