

# Aurora Mental Health Center Donation Received Form...FY 2017-2018

(Use this form for donations received – thank you letter/tax form will be sent)

Date Donation Received: \_\_\_\_\_

Program: \_\_\_\_\_

Donor name:

Prefix: \_\_\_\_\_ First: \_\_\_\_\_ Last: \_\_\_\_\_

Organization/Company Name (if donating from a company):  
\_\_\_\_\_

Donor complete contact information:

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Email \_\_\_\_\_

Circle one: In Kind (i.e books, clothes, tickets)/ Cash / Check / Credit card

Description of what was donated:  
\_\_\_\_\_

The donor estimates the value at: \_\_\_\_\_

The donation was used for: \_\_\_\_\_

**Please return this form to Jimmy Naccaratto in Admin within ONE day  
of the donation being received.**

**Office Use Only:**

**Fund:** Holiday Baskets

**Campaign:** Annual Giving 17-18

**Appeal:** Personal Ask

**Letter:** AuMHC cash, AuMHC in kind