

DONOR INFORMATION

ONOR CONTACT NAME COMI		ANY NAME (AS IT SHOULD APPEAR IN THE PROGRAM)
DONOR ADDRESS, CITY, STATE, ZIP (CODE	
DONOR NED NEGO, OTT I, OTT IE, ZII V	,	
DONOR PHONE	DONOR WEB ADDR	RESS DONOR EMAIL
DONOR SIGNATURE		
	DONATION DI	<u>TAILS</u>
ITEM/SERVICE NAME		
DETAILED DESCRIPTION OF DONATION	ON*	
*Please include all specific information availability, limitations, expiration	_	mited to: location, number of rooms, dates of ent information.
<u>PLEASE CHECK ALL THAT A</u>	PPLY	TAX INFORMATION
Item or certificate is enclo	sed with this form	Your donation may be tax deductible to the extent allowed by law. Contact
I will deliver my item to SOTI by April 5, 2022		your tax advisor. Please keep a copy of this form for your tax records.
Please arrange for pickup of my item		Federal Tax ID#: 52-2324195
RETURN FORM TO: Kristina Rykiel		

THANK YOU FOR YOUR GENEROUS DONATION!!

School of the Incarnation

2601 Symphony Lane, Gambrills MD 21054