

THE SCHOOL FOR LANGUAGE AND COMMUNICATION DEVELOPMENT
DONATION FORM

DONOR INFORMATION

Federal Tax ID 11-2739039

Donor Name or Company Name (as it should appear in the tax letter):

Contact Name _____ Referred by Name _____

E-mail: _____ Referred by E-mail: _____

Phone: _____ Referred by Phone: _____

Address (include city, state and zip):

Donor Signature _____ Donation Date: _____

DONATED ITEM INFORMATION

Suggested Item Name:

Fair Market Value (REQUIRED*): \$ _____ *determined by donor

Expiration Date (if applicable): _____ (ie: giftcard/certificate)

Detailed Item Description (Include quantity, size, color, date of event/game, restrictions, if applicable):

Item Delivered **Date to be delivered:** _____ **Call to schedule pick-up**

DON'T HAVE AN ITEM? DONATE TO BENEFIT THE STUDENTS!

Amount: \$ _____ Check enclosed (payable to SLCD)

Please charge my credit card Mastercard Visa AMEX DISCOVER :
_____ 3 Digit Security Code _____

Exp. Date: _____ Name on Card: _____ Signature: _____

SLCD 100 Glen Cove Avenue Glen Cove, NY 11542 Ph 516.609.2000 x 123 Fax 516.609.2683

Your donation may be tax deductible; check with your tax advisor.