

DONATION FORM

Email to events@recoverycouncil.org

Federal E.I. 75-6005093

Donor's Name (or Company): _____

Donor's Address: _____

Please consider a gift valued at \$100 or more.

Gift Item: _____

Donor Estimated Value: _____ Phone Number: _____

Prefers to remain anonymous

Gift to be delivered to Council: Yes No Buyer to pick up item after event: Yes No

Comments: _____

If company gift, identify principal person involved in donating: _____

Description of gift as desired to appear in program.

Please state any limitations, special conditions, and expiration dates if applicable.

Signature of Donor or Individual Authorizing Donation: _____

Signature of Auction Solicitor: _____

Address: _____

Phone Number: _____ Fax Number: _____

FOR OFFICE USE ONLY

LOT # _____

SALE PRICE: _____

Thank you for your contribution
to Recovery Resource Council

DONOR'S TAX RECORD



WEST CAMPUS: 2700 Airport Freeway, Fort Worth, TX 76111

EAST CAMPUS: 1349 Empire Central Drive, Suite 800, Dallas, TX 75247

NORTH CAMPUS: 306 North Loop 288, Denton, TX 76209 (Visits by appointment only)

(817) 332-6329

www.recoverycouncil.org