

CROSSROAD CHURCH, UMC

10005 Gate Parkway Jacksonville, FL 32246
Telephone (904) 448-1288 Fax (904) 448-9995

Office Use Only:

Item # _____

Catalog # _____

_____ Silent _____ Live

Date _____

Item Donation Form

Donor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Donor Contact _____ Authorizing Signature _____

List donor name as it should appear in program _____

Solicited by _____ Phone _____

Donated Item _____ Value _____

Complete description of item (include all information for program description and publicity: interesting facts, model, unusual aspects, rarity, size and color, dates, etc.) Attach any art work, brochures, or company's business card.

Limitations (Number of persons, time of year, excluded dates, geographical limitations, insurance, etc.)

Please check:

_____ This contract is for a tangible item

_____ Item accompanies this form

_____ Item is available for pick up/delivery on _____

_____ This contract is for a gift certificate

_____ Certificate is attached

_____ Certificate will be mailed to CrossRoad Church by (date) _____

_____ We do not have gift certificates, please provide one using the information given above.

EIN: 59-3413107

Certificate of Exemption #: 26-08-147493-55C

Thank You For Your Support!

(Pink copy - Donor Receipt/White and Yellow - Office Copies)