

Please Print Clearly
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The Foundation for Reed Schools Donation Certificate

Category: _____

This is to certify that

_____ (name of donor, person or business)

_____ (address) _____ (city, zip)

_____ (contact person) _____ (daytime phone)

email address: _____

web address: _____

has donated _____

with a retail value of \$ _____ to the _____ (year) Golf Event.

Detailed description of donation: _____

Deadline for use shall be 1 year from event date, otherwise please specify: _____

Pick-up Instructions: _____

Date to be picked up: _____ Where stored _____

This form is my certificate My own gift certificate is enclosed

Signature of donor: _____ Date: _____

Solicitor: _____ Phone: _____

Thank you for your donation. Please return to:

The Foundation Golf Event, 277-A Karen Way, Tiburon, Ca. 94920

Phone # (415) 384-0628 Fax (415) 384-0689

Email: rsfoundation@reedschools.org

Retain last copy for your records, Foundation for Reed Schools Tax I.D.# 94-3152375