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NORA'S HOME

for transplant patients and
their families

Donation Form

Thank you for your support to Nora's Home!
Please complete this form so we may properly record and acknowledge your donation.

Donor Information:

First Name: _____ Last Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name to be listed in materials: _____

I prefer to remain Anonymous

Donation Information:

Dollar Amount: \$ _____ Cash/Check # _____ Credit Card (last 4 digits) _____ Gift Certificate/Card

Product/Item

Donation Description/Gift Designation: _____

Date: _____ Fair Market Value of Donation: \$ _____ (value must be assigned by donor)

Please keep a copy of this form for your records.

Your donation is tax deductible within the guidelines of federal tax laws.

Nora's Home is a 501(c)(3) nonprofit organization. Tax ID #62-1763895.