



CHILDREN'S AID  
AND FAMILY SERVICES, INC.

## Donation Received Form

For each donation received, please:

1. Complete this form.
2. Return it to Jennie Leto at 200 Robin Road, or by fax (201) 634-3672.
3. If it is a monetary donation, please attach a copy of the check.
4. Attach a copy of the thank you note sent by you or your department.

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
(name of staff member)

Description of Donation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Designated for Specific Program?  Please specify: \_\_\_\_\_  
\_\_\_\_\_

Requested by Staff Member?  Please provide name and details: \_\_\_\_\_  
(This allows us to know who knows the donor  
for future reference.) \_\_\_\_\_

Other Relevant Info: \_\_\_\_\_  
\_\_\_\_\_

### **DONOR INFORMATION**

Name: \_\_\_\_\_

If Business, Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

*\*Please note: It is vital that we not only thank the donor but acknowledge that his/her gift has been used as they wish it to be used. Please provide as much information as possible on this form so that we can do this.*

***Thank You!***