



Donation / Pledge Form

For more information or specific requests, please contact Chris Arechaederra at chrisa@ccacalifornia.org

TAX ID #: 74-1984482

Please fill out the form completely to ensure accurate donation processing

Donated Item(s) / Service: _____

Donor: _____

Contact: _____

Address: _____

City, ST, Zip: _____

Work Phone: _____ Work Fax: _____

Email: _____ Fair Market Value: \$ _____

Complete Description:

*** PLEASE INCLUDE ANY / ALL RESTRICTIONS OR LIMITATIONS AFFILIATED WITH DONATED ITEM:

Donated Item(s): Picked Up Need to Pick Up Will be Delivered

Donor Signature: X _____ Date: _____

Accepted By: X _____ Date: _____