



## COMMUNITY FUNDRAISING DONATION SUBMISSION FORM



Date: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Name of Coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_ Number of Donors Turning in Money: \_\_\_\_\_

Donor Name	Address, City, State, Zip Code	Email Address	Gift Amount	Check #	Was this gift a raffle or auction item?	For auction items, please include the Fair Market Value of the item.

- ✓ Please complete and submit this form with all checks/money orders made payable to: The Cleveland Clinic Foundation.
- ✓ Mail to: The Cleveland Clinic Foundation, Attn: Kids Give Back, 3050 Science Park Dr./AC322, Beachwood, OH 44122.
- ✓ Donor address needed so we can send them a tax receipt for their donation.

Please contact Heidi Ray, Community Fundraising Team, at RAYH@ccf.org or (216) 448-0513 with any additional questions.

Appeal Code: THIRDPTY; Fund: