



SOROPTIMIST®

Investing in Dreams

REQUEST FOR DONATION RECEIPT

Donor Information:

Name _____

Address _____

Phone _____ Email _____

Reason or Event for donation _____

If monetary, amount of donation (\$):

If non-monetary:

Description of item _____

Value of item (\$) _____

Description of item _____

Value of item (\$) _____

Description of item _____

Value of item (\$) _____

Other:

SIG member requesting Donation Receipt: _____

Date: _____

Treasurer Comments: _____

THANK YOU for supporting our mission of improving the lives of women and girls through programs leading to social and economic empowerment.

P.O. Box 826, Glendale, CA 91209
www.soroptimistglendale.org

"A global volunteer organization that provides women and girls with access to the education and training they need to achieve economic empowerment."

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