



Helping Kids



CLA DONOR FORM TO SUPPORT LOG-A-LOAD

Please Print Name of Business or Donor

Name of Person

Contacted _____

Address _____ City, State, Zip

_____ Phone (____) _____ Fax

(____) _____ E-Mail _____

Description of Item or Service

Signature of Donor Estimated Value \$ _____

Donor will provide: (check one)

Signature of Solicitor Date Solicitor's Phone Number

(____) _____

____ Actual Item or ____ Gift Certificate – *expiration date:

_____ (*required information)

Please give PICK UP instructions/ expected date of delivery/ any additional information.

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