

**Gathering Donation Form**

Gathering \_\_\_\_\_ Date \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Donation _____	In-Kind Donation _____	<input type="checkbox"/> Have receipt?
\$20/day x days at gathering - _____		
Donation which is deductible _____	Item description _____	

Do you want a tax receipt with your thank you?  Yes  No

Notes: \_\_\_\_\_

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