

Rise Hope

Every life we touch honors Norah's.

Rise for Hope (501(c)(3)) | EIN: 33-4151218 | (917) 473-1182 | donation@riseforhope.org | www.riseforhope.org

1) DONOR INFORMATION

Donor/ Company Name: _____ Contact Person: _____

Phone: __([____])_____ Email: _____

Address: _____ City/State/ZIP: _____

Acknowledgment name (if different): _____

Public recognition: ☐ Yes ☐ No (If no, your gift will be treated as anonymous publicly.)

2) DONATION DETAILS

Date of Donation: ____ / ____ / ____

Donation Type: ☐ Goods ☐ Services ☐ Gift Cards/Store Credit ☐ Other: _____

Designation: ☐ Direct Family Support ☐ Programs ☐ Operations ☐ Where needed most

3) DESCRIPTION OF DONATED ITEMS/ SERVICES

(Attach an additional sheet if you need more space.)

Qty	Item/ Service Description	New	Used	Est. Value (Donor)
		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Total estimated value (donor-provided): \$ _____

Gift Cards (if applicable): Store/Issuer: _____ Amount: \$ _____

(Do not write card numbers here.)

4) DELIVERY/ PICKUP

☐ Donor drop-off ☐ Rise for Hope pickup ☐ Donor shipping

Preferred date/time: _____

Special instructions: _____

5) ACKNOWLEDGMENT (RECEIPT) PREFERENCE

Acknowledgment letter: ☐ Yes ☐ No Deliver by: ☐ Email ☐ Mail

6) DONOR AUTHORIZATION AND TAX STATEMENT

By signing below, I confirm I am authorized to donate the items/services listed and that the information provided is accurate. Rise for Hope acknowledges in-kind donations but does not assign value, provide appraisals, or offer tax advice. Estimated fair market value is provided by the donor. This donation may be tax-deductible to the extent allowed by law.

Donor Signature: _____ Date: ____/____/____

Printed Name & Title: _____

FOR RISE FOR HOPE INTERNAL USE: Received by: _____ Date: ____/____/____

Ack sent: ☐ Yes ☐ No Date: ____/____/____ Ref#: _____