



DONATION FORM

PLEASE PRINT CLEARLY AND COMPLETE ENTIRE FORM

DATE RECEIVED: _____ RECEIVED BY: _____

NAME OF DONOR: _____

ADDRESS OF DONOR: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____
(daytime) (evening)

DESCRIPTION OF DONATION:

How did you learn about what to donate to Willow today?

- Checked www.willowcenterny.org website wish list
- Called Willow 585-232-5200 ext. 224 and asked Sondra
- Have donated items before
- Heard about it through word of mouth
- Other _____