



Presented by **Capital One**

Donation Form

Company Name: _____
(as you wish it to appear in printed materials)

Contact Person: _____ Position/Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____

Detailed Description of Donated Item(s) (include special procedures/restrictions, expiration dates, dimensions, if any):

1.

Quantity: _____ Approximate Value: _____

2.

Quantity: _____ Approximate Value: _____

3.

Quantity: _____ Approximate Value: _____

Signature: _____ Date: _____

Donation Delivery

Item is enclosed

The item(s) will be delivered/sent on: _____

Please call to discuss delivery/pick up

Please return this form to Foundation for Woman's via e-mail to **giving@womans.org**, or mail to **Foundation for Woman's, 100 Woman's Way, Baton Rouge, LA 70817**. Deliver/ship item(s) to: **Foundation for Woman's, 100 Woman's Way, Baton Rouge, LA 70817**. Foundation for Woman's is a 501(c)(3) nonprofit organization (Tax ID #47-1970335). **womans.org/BUST**



DONATE ONLINE

giving@womans.org | womans.org/BUST


Foundation for *Woman's*