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DONATION RECEIPT

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ E-Mail: _____
 Workplace: _____



I'LL HELP MAKE A WOMAN'S DREAM OF SELF-SUFFICIENCY A REALITY WITH THE FOLLOWING DONATION(S):

FINANCIAL DONATION

Cash: \$ _____ **Check:** \$ _____

Credit Card: Please charge \$ _____ to the card circled below:

Visa Card #: _____

MasterCard Expiration Date: _____

American Express Authorized Signature: _____

CLOTHING DONATION (VALUE DETERMINED BY DONOR)

Description of Goods	Value

Please attach separate sheet of paper if necessary

Total Clothing Value: \$ _____

Signature of Donor _____ Date _____

_____ I would prefer **not** to receive reminders of future clothing drives and events

Signature of Program Representative _____ Date _____

Form is not valid without a signature from a Career Wardrobe program representative.

Clothing which is inappropriate or unusable may be donated to other organizations or sold with the proceeds benefiting The Career Wardrobe. The Career Wardrobe is a registered charitable organization. A copy of our official registration and financial information may be obtained from the PA Department of State by calling toll-free 800-732-0999. Registration does not imply endorsement. Financial gifts of \$250.00 or more will be acknowledged separately and in The Career Wardrobe's annual newsletter.