

**Nebraska-Western Iowa Health Care System
Center for Development & Civic Engagement (CDCE)**

Donation Form

Is this donation personal or from an Organization? (circle one)	Personal	Organization
--	-----------------	---------------------

If personal, please provide the following information for the individual:

Name:			
Address:	City:	State:	Zip:
Phone:	Email:		

If from an Organization, please provide the following information for the Organization:

Which state is your Organization affiliated with?	Nebraska	Iowa	
Name of Organization:			
Address:	City:	State:	Zip:
Phone:	Email:		
Contact Name:			
If this donation was a group project how many hours did it take to complete?			
If this donation was a group project how many people participated to complete the project?			

Non-Cash Donations (Books, Magazines, Food Items, Other [provide a description]:

Item Description	Estimated # of Items	Estimated Value

***** Below is For CDCE Staff Use *****

Date Received: _____

Donation ID #: _____

Donation Code (circle one): 833 834 835

Acknowledgement Sent On: _____