Mike Burright, CFAF President Christmas Family Adoption Foundation 433 Alderwood Place, Oregon City, Oregon 97045 (503) 705-3564 TIN #: 20-1787653

CASH / CHECK / IN-KIND CONTRIBUTIONS

This form to be completed for each cash/check in-kind donation at the time of the contribution.

For year: _____

Please be sure to attach your receipts for all purchases and donations made and *retain* for your tax purposes.

Contributor

Please comple	ete the questions below:				
Date:					
Name:			Phone #:		
Address:		City:		State:	Zip:
	mount donated: \$ ne item(s) contributed. If list exceed		w, please write on l	oack.	
Quantity	Description			I	Amount