

Operation Threshold Donation Form

Donor (Individual, Group or Business) _____
Contact Person (if different) _____
Address _____
Suite or Apartment # _____
City, State and Zip _____
Phone Number _____
e-Mail _____

Monetary Donations (includes checks and or cash)

Check Number _____ Amount \$ _____ Program _____
 Cash - Receipt Number _____ Amount \$ _____ Program _____

Attach a copy of the check or receipt here:

In-Kind Donations (includes food, household goods, materials, equipment, meeting space, etc.)

Description of Items Donated	# of Pounds of Food	\$ Value	Program

Signature of Donor _____

Signature of OT Representative _____

Date Donation Received by OT _____