



A DAILY REPRIEVE CENTER, INC.

www.DailyReprieveCenter.com

16641 SE 82nd Drive, Ste. 102
Clackamas, OR 97015
503-557-6260

DONATION RECORD

CONTRIBUTOR'S INFORMATION

Date _____

Individual or Company _____

Address _____

Phone number _____

Email (optional) _____

AMOUNT DONATED _____

Please make note of designation (*if for more than one fund, specify amount for each*)

- General Fund (for rent, utilities, and supplies purchases) _____
- Equipment & Furnishings Purchase _____
- Other, specify _____

IN-KIND DONATION: please describe donation and estimated value:

(signature of contributor)

(signature of staff receiving cash donation)

We will mail your receipt to the address specified above.