



# Charitable Donation Form

*Our Mission: To provide Fort Bend County community non-profits with resources to meet the needs of disadvantaged children.*

**Donor Information: (please print or type)**

Name/Business:

Contact Person for Donation:

Email:

Phone number:

Personal/Business Address

**Donation Information:**

Donation Type (Vehicle, Vacation home, gift item, destination...):

Estimated Donation Value:

Description of donation (Qty., location, esthetics...):

Exclusions (Blackout dates):

How will your donation be redeemed?

I Will send photos to the contact below

I have sent photos to the contact below: (if applicable)

I do not want my item listed on a Bid Board

I do not have a preference of where my donation is listed

Fort Bend Cares Contact:

**Acknowledgment Information: FBC TAX ID NUMBER # 33-1112246**

**(Please note that all donation information is due no later than 40 days prior to event date)**

I (we) wish to have our gift remain anonymous.

Donor/ Contact Signature(s)

Date

**Please make checks, corporate matches, or other gifts payable to:**

**Fort Bend Cares: P.O. Box 17748, Sugar Land, Texas 77496**

*Thank you. Fundraising efforts from your donation will be used for charitable grants that serve disadvantaged youth in Fort Bend County.*