



GIMME 5!! DONATION RECORD



Name of Donor _____

Name of Donor _____

Unit Name & Number _____

MID Number _____

Amount of Donation \$ _____ Initial _____ Date _____

Amount of Donation

Method of Payment: Credit Card Cash Check Debit Card

\$ _____

Credit Card # _____ Exp Date _____

Date

Credit Card: Visa MasterCard American Express Security # (3-4 digits) _____

Signature _____

Initial

U.S. IRS guidelines require us to state that no goods or services were received in return for this gift.



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