



EXPERIENCE THE FINE ART OF COMPASSION

Donation Contact:

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Product/Service DONATION FORM

Date: _____

Organization's Name: _____

Donor's Name: _____

Address: _____

City, State, Zip _____

Phone: _____ E-mail: _____

Product/Service Donation: _____

Retail Value of Product/Service: _____

Donor's Signature: _____

Gala Representative: _____ Phone: _____

Received by: _____ Date: _____

Special instructions: _____

Non-profit Tax Information:
World Wide Humanitarian Aid, Inc.
Fed. Tax I.D. #38-3424706

For Internal Use Only:

Item Number: _____

Package No.: _____

Section: _____

Category: _____

Certificate: _____

Location: _____

Received: _____

"Thank You" Sent: _____