

Journey of Hope sm
15607 Delaware Avenue, Lakewood, OH 44107
216-262-0612

Donation Form

Date: _____ Please complete one form for each donated item.

Donor Information

Name/Company: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

If company donation, name of contact person: _____

Gift Information

Item Donated: _____ Declared Value: _____

Description of Gift: (please provide a detailed description of the donated item)

Expiration Date: Yes _____ No _____ If yes, please indicate date: _____

Any restrictions, special conditions, specific availability dates? Yes _____ No _____

If yes, please indicate:

Delivery Instruction

_____ Gift will be delivered to JOH by donor on: _____

_____ Gift will be picked up by JOH committee member (solicitor) on: _____

Solicitor Information

Name: _____ Phone: (____) _____

Date: _____

*Journey of Hope is a 501(C)(3) non-profit organization, Tax I.D. #34-1936925.
Determination of item value for donor's tax purposes is the sole responsibility of the donor.
Written acknowledgment will be provided upon receipt of your donation.*