



**MGRMC**  
*Foundation Gala*

**Donation Form**

**Contact Information**

Business/ Individual Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Description of Item	Quantity	Item Value

Total Value of Donated Items \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mount Graham Regional Center Foundation Tax EIN: 86-0762792**



***Please Make a copy of this form for your tax records. All gifts are deductible to the extent provided by IRS regulations.***

Send original form to 1600 S 20th Ave, Safford, AZ 85546. Contact Fran Carroll at mcarroll@mtgraham.org for more information