



Donation Form

Sandy Sokol Memorial Fund

16131 FM 912

Washington, Texas 77880

www.SandySokol.com

Donor Information

Name:	
Address:	
City, State Zip:	
Telephone #:	
E-Mail Address:	
Cash Donation Amount:	

Non-Cash Donation Information

I (we) plan to donate _____

Fair Market Value of Non-Cash Donations: \$_____.

Stipulations regarding donations: _____

I (we) plan to make this contribution in the form of: ___ cash ___ check ___ other: _____

Gift will be matched by _____ (company/family/foundation).
___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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

Signature(s)
Date

We are an approved 501(c)(3) Non-Profit Organization. All donations are tax deductible to the full extent of the law.

Please send checks, corporate matches, or other gifts to:

Sandy Sokol Memorial Fund

16131 FM 912

Washington, Texas 77880

E-mail: courtney@sandysokolmemorialfund.com

Phone: 979.421.0310