



# Contribution Agreement

To: CAPC, Inc.  
7200 Greenleaf Ave. Suite 170  
Whittier, CA 90602  
Attn: Fundraising  
Phone (562) 693-8826  
Fax (562) 693-3826

OFFICE USE ONLY:  
Component #: \_\_\_\_\_  
Item #: \_\_\_\_\_  
Category: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Donor Contact Name (if different than Donor Name): \_\_\_\_\_

Donor Phone Number: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your affiliation with CAPC:  
(if applicable)  
\_\_\_\_\_

Donor Email Address: \_\_\_\_\_

Donor Mailing Address (for Thank You Letter)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donation Pick Up Address (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donation Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donation Expiration Date (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Donation Value: \_\_\_\_\_

Donation Pick Up or Delivery (if applicable):

\_\_\_\_\_ To be delivered to CAPC on: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_

\_\_\_\_\_ Picked up or received by: \_\_\_\_\_ on: \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_  
Signature of Donor

X \_\_\_\_\_  
Signature of CAPC Fundraising Rep.

Some contributions are tax deductible. Thank you for your generous contribution!  
CAPC, Inc. is a 501(c)(3) non-profit organization accredited by: CARF, The Rehabilitation Accreditation Commission

For Office Use Only:

Donation Category (circle one): C E Sp F H Sf I FV CD Entered by (initials) \_\_\_\_\_ Date: \_\_\_\_\_

Tax Receipt Letter Sent on: \_\_\_\_/\_\_\_\_/\_\_\_\_ CAPC Team Receiving Credit: \_\_\_\_\_