

**OIC of Washington  
Contribution Acknowledgment**

**Corporate Mission:** Is to help in the elimination of unemployment, poverty, illiteracy, and racism so all people can live with greater human dignity.

For over 40 years, OIC of Washington has provided training, education and essential services to members of our community in support of our corporate mission. From the beginning, this has been a community effort and your generous contribution will help us continue to provide critical services that assist others in achieving self-sufficiency.

**DONOR INFORMATION**

Name (please print): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Contribution (describe): \_\_\_\_\_

Donors: For our regulatory requirement purposes, please complete the following information;

Donation Type (mark one box):  Cash  In-kind  Services

Program Benefiting: I am making this contribution in support of: \_\_\_\_\_  
(name of specific program, if applicable)

Date	Description	Condition (new, like new, well used)	Dollar Value * (Fair Market Value)	Signature of Donor
		Total	\$ _____	

\* Donor to provide

**OIC INFORMATION:**

**THANK YOU!**

**We are most grateful for your generous donation. Without the generosity of people like you many members of our community would go unserved; for it's only through corporate and government grants, our own funding sources and contributions like yours that OIC is able to help improve the lives of so many in our community.**

OIC of Washington is a non-for-profit organization under section 501(c)(3) of the Internal Revenue code of 1986; as such your contribution may be tax deductible. (Please consult your tax advisor.)

OIC provided no goods or services in consideration for your contribution, except as follows (describe and state value as applicable; otherwise leave blank or write None): \_\_\_\_\_

\_\_\_\_\_  
Signature: OIC Emp. / Representative

\_\_\_\_\_  
Date

Business use only:  
\_\_\_\_\_  
\_\_\_\_\_

Accounting Department use only: Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Note: Original : To Donor Copy: To Accounting