



Charity Information

Charity Name: _____

Street Address: _____

Mailing Address (If diff): _____

City: _____ Zip Code: _____ Phone: _____

Contact Person: _____ Email Address: _____

Person Collecting Donations (If diff than the contact person): _____

Website: _____

Social Media Connections: _____

Needs (In addition to cash donations):

Notes for VAN

Quarter Charity Selected: _____ Year: _____

Cash Donations by VAN: _____ Cash Donations by Members: _____

Other Donations (Including time and supplies): _____

