



Kostopulos Dream Foundation / Camp Kostopulos  
Donation Form

Business/Individual Name: \_\_\_\_\_  
(As donor wishes to be listed in program)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Donor: \_\_\_\_\_  
(Please print)

Donor's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Item/Service Description (If service, please include gift certificate, letter, or instructions for acquiring necessary documentation):

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

Approximate Retail Value: \_\_\_\_\_

Certificate Expiration Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please Check One:

- Item to be delivered on (date): \_\_\_\_\_  
 Item to be picked up on (date): \_\_\_\_\_  
 Item enclosed/faxed

**Thank you!** (For your tax purposes, this certifies that no goods or services have been or will be provided to you in consideration of this donation. Our **Tax ID # is 87-6125177**)