

**SIMS Donation Acknowledgment Form**

Name of Donor Ms./Mrs./Mr. ....

Address of Donor

.....  
Street City State Zip

Phone Number of Donor .....  
(to be used for questions regarding this donation only)

**If Cash Donation:**

Date donation received ..... Amount of donation.....

**If donation is given in honor of an individual, provide following information:**

Name of Honoree .....

Address of Honoree

.....  
Street City State Zip

**If donation is given in memory of an individual, provide following information:**

Name of individual being memorialized.....

Name of individual to be notified of the memorial gift.....

Address.....

Street City State Zip

**In-Kind Donation Information:**

Date donation received ..... Describe the donation.....

.....  
.....

Describe any goods or services given in exchange for a donation if anything was provided to the donor .....

.....

If not Donor, name and phone number of person submitting this form

.....

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**Please send this form with your check to:**

**SIMS, Attn. Treasurer, P.O. Box 163238, Sacramento, CA 95816**

For SIMS use only:

Date form submitted to Treasurer.....

Date form submitted to Corresponding Secretary .....

Date Thank You Letter/Note sent .....