

Offline Donation Form

Donations made in cash or by check can be dropped off at CVNL's Santa Rosa office, by appointment only. All checks should be made out to CVNL with the nonprofit noted in the memo section. Please make an appointment by emailing loblad@cvnl.org. All donations are due by May 17th.

The office is located at 153 Stony Circle, Suite 100, Santa Rosa, CA 95401

Please complete one Offline Donation Form for every deposit made to CVNL. This form should be completed in its entirety to ensure that all funds are accurately recorded. To record more than 10 donations, please use multiple forms.

Please keep a copy of all forms for your own records.

	Your Name: _	Phone Number:			
	Fundraising f	or:			
	-	(enter the name	er the name of the beneficiary nonprofit organization)		
	Date	Check # (or write "CASH")	Donor Name	Amount	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
			Deposit Total:		
	Vou are rest	oonsible for providing eacl	h of your offline donors with a tax receip	t usina	

CVNL's tax identification number 680101012.

**** For CVNL Use ONLY ****

_____ Date: _____ Total: ____

Received by: _____