

Student Organization Name: _____

Student Organization Account Number: _____ Date: _____

Donor Company: _____ Donor Phone: _____

Contact Name: _____ Contact E-mail: _____

Address: _____

Donor Requesting Tax ID letter

Gift Description and Estimated value per item:

Total Estimated Value: \$

Organization Requester Name : _____

Organization Advisor Name: _____

Received by at A.S Office: _____

FOR A.S. ACCOUNTING OFFICE USE ONLY

Original File Date: _____