

ACCEPTED BY: ELACHEE REPRESENTATIVE SIGNATURE



## **DONOR INFORMATION**

CONTACT NAME	BUSINESS NAME (if applicable)	
CREDIT LINE: HOW TO ACKNOWLEDGE DONATION		
( )		
PREFERRED PHONE	EMAIL	
MAILING ADDRESS	CITY	STATE ZIP
Elachee Nature Science Center (Elachee) is a privately owner	ed and operated 501(c)(3) not for profit organiz	zation (Tax ID 58-1643768).
Elachee gratefully acknowledges receipt of the item(s) list give, donate and convey to Elachee for perpetuity the iten use and disposition, shall pass to Elachee as of the date of e 'contact' will receive an official acknowledgment for the do	ted below. As named above, I/We the Donor( n(s) listed below. Title to the item(s), togethe execution of the transfer of said material, and i	(s) hereby unconditionally r with all rights as to their its acceptance. The named
DESCRIPTION OF ITEM(S), INCLUDING ESTIMAT	TED VALUE	
APPROVAL		
DONOR SIGNATURE		DATE OF OFFICIAL TRANSFER