

# Record of Gift

Date: \_\_\_\_\_ Project (if applicable): \_\_\_\_\_ -

ESA Chapter Name: \_\_\_\_\_

District: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*If gift is monetary in nature please state if the cash/check/charge is for a specific ESA project or can be used for all Heartspring programs

This is an item donation

This is a cash gift

Quantity	Item	Estimated Value
	<b>Total</b>	

Please e-mail, mail or fax this form to Heartspring.  
Remember to send one copy to the 2<sup>nd</sup> VP and keep one copy for your records