



Mailing Address:
530 Causeway Dr. Ste F2
Wrightsville Beach, NC 28480

DATE _____

REQUISITION FORM

DONOR _____
(Individual or Corporate Name)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____ DAY PHONE _____ EMAIL _____

ITEM DONATED _____
(Detailed description of item donated, including measurements, color, medium, artist, expiration dates, and other restriction or instructions pertaining to the item.)

SUGGESTED RETAIL VALUE \$ _____ EXPIRATION DATE _____

If you are donating a gift certificate or letter of intent, please enclose it with this form.
Or call Lump to Laughter for pick up at 910-617-4455

DONOR'S SIGNATURE _____ DATE _____

LUMP TO LAUGHTER REP/VOLUNTEER _____ DATE _____

*Thank You for your gift**

Lump to Laughter, Inc. is a 501(c)3 organization
Tax ID #20-3455921
This form serves as your tax receipt

*Your contribution is tax deductible to the extent allowed by law.
There may be special rulings concerning the extent of deduction of inventoried items.
Your accountant can provide specific information.