

Donation Form (DF-23)

Sloff Inc.

Optional introductory text for details about the organization and how donations can help.

Donor Information

BUSINESS NAME	NAME (LAST, FIRST, M.I.)
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE
WEBSITE	ALTERNATE PHONE

Donation Description

CHECK ONE: <input type="checkbox"/> CASH <input type="checkbox"/> PRODUCT / ITEM <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER	
AMOUNT / DESCRIPTION	DATE
NOTES	

Contact Information

Organization Name

130 93rd Street SE
Norfolk, VA 23513

www.Sloff-inc.com

Contact Name

Cyber Intern

Phone: (757) 456-7892

Cell: (123) 456-7890

Email: AlexNaegele.intern@Sloffl-inc.com