| **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: □ CASH □ PRODUCT / ITEM □ SERVICE □ 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 |
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