



## DONOR BENEFIT AGREEMENT

### GENERAL INFORMATION

Donor/Contact Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### RECOGNITION

How would you like your name listed on collateral (ie: bid sheets, item description, donor recognition)? If anonymous please state.

\_\_\_\_\_

CASH DONATION \$ \_\_\_\_\_

ITEM VALUE \$ \_\_\_\_\_

I agree to donate to the following item(s) or service(s):

Item Name: \_\_\_\_\_

Detailed Description (*Quantity, Size, Color, Restriction, Expirations...If donation requires reciprocity, indicate terms below*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expiration Date \_\_\_\_\_  Delivery by Donor  To Be Picked Up  Create Certificate

Donor Signature: \_\_\_\_\_

***Thank You For Supporting the Bak Theatre Department & the Middle School of the Arts Foundation!***

This donation becomes the property of the Middle School of the Arts Foundation, Inc. All donations are tax deductible to the extent allowed by law. A copy of the official registrations & financial information may be obtained from the State of Florida division of Consumer Services by calling 800-435-7353 toll – free within the state. Our tax ID number is: 31-1660977. Registration does not imply endorsement, approval or recommendation by the state. No professional solicitors acted for The Middle School of the Arts Foundation (CH-10647) with regard to this donation and no fees have been paid to any professional for the contribution. Any information provided will be for The Middle School of the Arts Foundation use only. Please retain a copy of this document as your charitable gift receipt.