



INSTRUMENT DONATION FORM

Please provide all information in DONOR section to receive a receipt for tax purposes.

Visit Website for more info:

EARCANDYCHARITY.ORG

DONOR INFORMATION

FILLED OUT BY YOU

DONATION DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

PHONE: (____) _____

INSTRUMENT TYPE: _____

DROP OFF LOCATION (INCLUDE STATION #): _____

TAX RECEIPT

A TAX DEDUCTABLE RECEIPT WILL BE MAILED TO YOU ONCE EAR CANDY CHARITY HAS RECEIVED YOUR DONATION FROM THE FIRE STATION. (PICK UP MAY TAKE SEVERAL WEEKS)

INSTRUMENT TRACKING

EAR CANDY WILL NOTIFY YOU WHEN YOUR INSTRUMENT IS PLACED IN THE COMMUNITY.