

Master Gardener Donation Report

Master Gardener Sending Donation: _____ Date: _____

Donor Name/Business: _____

Address: _____

State: _____ Zip: _____

Phone: (_____) _____ Business Mobile Home

Email: _____

Donation Type: _____

Cash: _____

Gift: _____

Speaker: _____

Subject: _____ Hours: _____

Other: _____

Donation Purpose: _____

Is a receipt requested by donor? Yes No

Has a thank you been sent Yes No If YES, by whom? _____

Additional Comments: _____

Return to the Extension Office: 1946 3rd Ave, Longview, WA 98632