

**Cristo Salva Care Kits
Donation Information Form**

Donor Information

Name of Donor/Donor Group: _____

Company (if applicable): _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Amount of check enclosed*: \$ _____

*for \$1 per Care Kit; please make checks payable to **Cristo Salva**

Care Kit Information

Date the kits were shipped to us: _____

Via what transportation carrier: _____

of boxes shipped: _____ X # of kits per box: _____ = Total # of kits: _____

Briefly tell us about your group and why you put together Care Kits for Cristo Salva:

Would you like a receipt for your donation? _____Yes _____No

Donation Agreement

I understand the following: Cristo Salva has the right to use these Care Kits for humanitarian relief in Honduras. Cristo Salva is not responsible for assigning a dollar value to this contribution for my tax purposes; I am responsible for declaring its fair market value.

Signed: _____

Date _____

Please return form and check to:

**Cristo Salva
c/o Oak Grove Church
11211 SW 102 Avenue
Miami, FL 33176**