God's Creation I Am Inc.

Being Defined Only by God, Not Man.

DONATION REQUEST FORM

Individual Requests Only

DATE: _____

ORGANIZATION INFORMATION

NAME: _____

Mailing Address City State Zip:

_____ _____

_____

Phone: _____

Organization's Website Contact Email Address:_____

_____ _____

Name of Contact Person & Relationship to Organization:_____

Has this organization received any God's Creation I Am donation in the past? Yes No

If Yes, when?_____ type of item received?_____

Request Deadline: _____

Fax this completed form**:** God's Creation I Am, Inc. Fax: 800-651-8078.

Attn: Donation Committee

For God's Creation I Am, Inc. USE ONLY

Date Received_____ Status _____ Authorized By _____

Donation_____ _____ Delivered_____

Notes _____ _____ _____

All donations to be used strictly for charitable purposes, no resale.

Please itemize each person that is in need of any donations (adult and child individually).

1. Name of Person in need:

Item Requested:

Clothes size (if applicable):

Shoe Size: (if applicable)

2. Name of Person in need:

Item Requested:

Clothes size (if applicable):

Shoe Size (if applicable):

3. Name of Person in need:

Item Requested:

Clothes size (if applicable):

Shoe Size (if applicable):

4. Name of Person in need:

Item Requested:

Clothes size (if applicable):

Shoe Size: (if applicable)

5. Name of Person in need:

Item Requested:

Clothes size (if applicable):

Shoe Size (if applicable):

6. Name of Person in need:

Item Requested:

Clothes size (if applicable):

Shoe Size (if applicable):