

ISOA PO Box #328, 1389 W 86th Street, Indianapolis, IN 46260 Federal Tax ID Number 35-2024218

PASSIONFORMUSIC.ORG

DONOR FORM

Name of	f Event <u>IS</u>	OA 2024 Spring Jub	<u>oilee</u>			
Donor a	nd/or Comp	oany Name				
How w	ould you like	your name to appear in	publicity			
Email a	address:					
Street			City		State	Zip code
Value \$_		Type of Donation	Product	Services	Party	
If Party.	- Place to be	given				
	Date to be g	iven				
			_			
	No. of peopl	e		Cost	per person	
If item, p	product, serv	ices or party				
	Give a desc	ription				
	Give a time	restriction or expiration	n date			
Donor S	Signature _			Title		
Donor I	Name print	ed	Phone No			
	No goods or :	services were given to the do	onor for this donati	on.		
	Goods or ser	vices were received by the d	onor, valued at \$			
		are tax deductible for value, val			es received, whiche	ever is less)
Solicitor	r Signature					