



Spirit of America Education Foundation Donation Form

FORM PURPOSE

This form is to be used for making tax deductible donations to the National Sojourners, Inc. Spirit of America Education Foundation (a 501c3 foundation). All donors will receive a letter acknowledging the date and amount of their donation. Make checks payable to the Spirit of America Education Foundation. National Sojourner Chapters may also reserve donations secured through their efforts for use in payment on their behalf of tuition for Freedoms Foundation and MOWW Youth Leadership Conferences, ROTC/JROTC Medals, and other future Americanism and Patriotic youth programs that may be approved. Complete this form, retain a copy for chapter files, and mail the original with donation check to:

Spirit of America Education Foundation
c/o National Sojourners, Inc.
7942 R Cluny Court
Springfield, VA 22153-2810

DONOR INFORMATION

DONOR NAME	AMOUNT (\$):
ADDRESS	DATE:
CITY: STATE	CHECK NUMBER:
ZIPCODE:	<u>SPECIAL INSTRUCTIONS</u>

CHAPTER INFORMATION

CHAPTER NAME:	CHAPTER NUMBER:
CHAPTER SECRETARY NAME:	
PHONE NUMBER:	E-MAIL:
ADDRESS:	



SPIRIT OF AMERICA EDUCATION FOUNDATION

IN-KIND DONATION FORM

FORM PURPOSE

This form does not serve as a receipt for this contribution, but is intended for our internal record keeping purposes only. A receipt describing the items or merchandise donated will be mailed to the address supplied below. The Spirit of America Educational Foundation is unable to include the estimated value on the donor receipt. It is the responsibility of the donor to substantiate the fair market value for his/her own tax purposes. The donation of services, although very valuable and much appreciated, is generally not considered tax deductible by the IRS. Please consult with your tax advisor to determine the tax implications of your gift. Complete this form, retain a copy for chapter files, and mail the original to:

Spirit of America Education Foundation c/o
National Sojourners, Inc.
7942 R Cluny Court
Springfield, VA 22153-2810

Date: _____

Donor Information

Company

Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Chapter Name _____ Chapter # _____

Gift Description

Estimated fair market cost by donor: \$ _____

Special Instructions: (e.g. item delivery or pickup, restrictions, etc.)

