

## BARGAIN BOX 607 East Charles Street Muncie, Indiana 47305 288-3835

## **Donation Form**

(attach securely to donations)

Donation Date:		
Name:Non-membe	r	
Address:		
City:Stat	te: Zip:	
Phone Number:		
☐ Bag ☐ Box ☐ Hangers ☐ Other  Please be sure each box, bag, and contribution is clearly identified with donation form for credit to be given appropriately.		
Special remarks or instructions:		
For Marking Use Only:		
Total to Inventory:	\$	
Total Donor Credit:	\$	
Marker:		
Date Marked:		
Markers: Use reverse to note credit given.		



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