USO-ONTARIO
DONATION FORM

PO Box 4256
Ontario, CA 91761

Date: _____

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

QTY	Item(s) Donated	Fair Market Value
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

Cash Donation: $ _____

Cash Only: ☐

or

make checks payable to USO-Ontario: Check #: _____

OFFICE USE ONLY:

Date Rec'd: _____

Initials: _____

Federal ID#95-2302811