



The Godmothers of Timothy Murphy School

Donation Form

Date: _____

Donor Name: _____

Address: _____

City, State and Zip _____

Phone: _____

This certifies that the above individual has donated the following item(s) and/or service(s):

Value: \$ _____

to the Godmothers of Timothy Murphy School.

Signature of Donor: _____

Signature of Solicitor: _____ Date: _____

Your donation is tax deductible to the extent allowed by law.

Thank you for your support!

**The Godmothers of Timothy Murphy School
One St. Vincent Drive, San Rafael, CA 94903**

**(415) 507-4229 FAX (415) 499-0252
www.godmothers.org Tax ID. # 68-0058882**