

Bill Reichardt Clothes Closet Donor Information Form

CONTACT INFORMATION

Dr./Mr./Miss/Ms./Mrs. Name _____ Company _____

Street Address _____ Unit _____

City _____ State _____ ZIP _____

Phone (_____) _____ E-mail _____

Gift: Personal Donation Business Donation Receipt Requested: Yes No

Relationship to AIB _____ Learned about Clothes Closet from _____

AIB Graduate: Class Year(s) _____	Last Name Attended Under _____
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RECOGNITION

Donors who support the Clothes Closet will receive recognition for their kindness in an honor roll that will be published on a calendar year basis.

List donation as being from _____ Do not want recognition

DONATION INFORMATION

<p>Men's</p> <p><input type="checkbox"/> Apparel</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ Coat/s <input type="checkbox"/> _____ Pants <input type="checkbox"/> _____ Shirt/s <input type="checkbox"/> _____ Sportcoat/s <input type="checkbox"/> _____ Suit/s <input type="checkbox"/> _____ Sweater/s <input type="checkbox"/> Other _____ <p><input type="checkbox"/> Accessories/Personal</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ Belt/s <input type="checkbox"/> _____ Jewelry <input type="checkbox"/> _____ Tie/s <input type="checkbox"/> Other _____ <p><input type="checkbox"/> Footwear</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ Shoes (Pairs) <input type="checkbox"/> _____ Socks (Pairs) <input type="checkbox"/> Other _____ <p><input type="checkbox"/> Miscellaneous _____</p> <p>_____</p> <p>_____</p>	<p>Women's</p> <p><input type="checkbox"/> Apparel</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ Blazer/s <input type="checkbox"/> _____ Capri Pants <input type="checkbox"/> _____ Coat/s <input type="checkbox"/> _____ Dress/es <input type="checkbox"/> _____ Shirt/s <input type="checkbox"/> _____ Skirt/s <input type="checkbox"/> _____ Slack/s <input type="checkbox"/> _____ Suit/s: Skirt or Slack <input type="checkbox"/> _____ Sweater/s <input type="checkbox"/> _____ Vest/s <input type="checkbox"/> Other _____ <p><input type="checkbox"/> Accessories/Personal</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> _____ Belt/s</td> <td style="width: 50%;"><input type="checkbox"/> _____ Purse/s</td> </tr> <tr> <td><input type="checkbox"/> _____ Jewelry</td> <td><input type="checkbox"/> _____ Scarf/ves</td> </tr> <tr> <td><input type="checkbox"/> _____ Makeup</td> <td><input type="checkbox"/> _____ Wallet/s</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><input type="checkbox"/> Footwear</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ Nylons <input type="checkbox"/> _____ Shoes (Pairs) <input type="checkbox"/> _____ Socks (Pairs) <input type="checkbox"/> Other _____ 	<input type="checkbox"/> _____ Belt/s	<input type="checkbox"/> _____ Purse/s	<input type="checkbox"/> _____ Jewelry	<input type="checkbox"/> _____ Scarf/ves	<input type="checkbox"/> _____ Makeup	<input type="checkbox"/> _____ Wallet/s	<input type="checkbox"/> Other _____	
<input type="checkbox"/> _____ Belt/s	<input type="checkbox"/> _____ Purse/s								
<input type="checkbox"/> _____ Jewelry	<input type="checkbox"/> _____ Scarf/ves								
<input type="checkbox"/> _____ Makeup	<input type="checkbox"/> _____ Wallet/s								
<input type="checkbox"/> Other _____									

Rec'd by _____ Date _____

AIB College of Business is a 501(c)(3) organization under the Internal Revenue Code. Your donation is tax deductible to the extent permitted by current laws. No goods or services were given to you in return. Please keep this form as a receipt for your tax records.