



**CASA PACIFICA**  
CENTERS FOR CHILDREN & FAMILIES  
*Providing Hope & Help*

# DONATION FORM

## This is your receipt

Please keep the yellow copy for your records

**Drop off location:**  Lewis Road  Flynn Road  Santa Barbara  Santa Maria

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Is this a donation from an**  Individual  Business  
(Please Print)

**Name:**  Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_

**Business / Organization Name:** \_\_\_\_\_

**Address:**  Home  Business \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Detailed description of donation:**  Cash  Check  Credit Card \$ \_\_\_\_\_  In-Kind

**Are these In-Kind items:**  \*New Provide Value \_\_\_\_\_  \*Used Provide Value \_\_\_\_\_

*\*Please note Casa Pacifica cannot provide a value of your In-kind donations*

- |  |       |       |       |       |
|--|-------|-------|-------|-------|
| <input type="checkbox"/> Books               | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Clothing            | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Electronics         | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Gift Cards          | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Linens              | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Personal Care Items | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Sports Items        | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Toys                | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Other               | _____ | _____ | _____ | _____ |

**Would you be interested in a tour of our Camarillo Campus?**  Yes  No

**Would you like to be on our mailing list?**  Yes  No (our mailing lists are both email and US mail)

**How did you hear about CASA PACIFICA?** \_\_\_\_\_

**Any Comments?** \_\_\_\_\_

*Casa Pacifica reserves the right to use donated items in any way that provides greatest benefit to the children and families we serve, including donating items that cannot be used at our facility to another worthy local charity.*

**Thank you**  
**for choosing to support the children and families we serve!!**

**Our Mission**  
Casa Pacifica provides hope and help for abused, neglected or at-risk children and their families.

Casa Pacifica is a 501(c)(3) not-for-profit organization incorporated in 1983. Tax ID #77-0195022.

**Office Use Only**

New items only - This must be filled out by staff

**Staff:** \_\_\_\_\_ **Verified:** \_\_\_\_\_ **Logged**  **Trans ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dept issued:** \_\_\_\_\_ **Staff:** \_\_\_\_\_ **RE Date Entered:** \_\_\_\_\_ **Special Letter**