



**SPEECH AND LANGUAGE CENTER OF NORTHERN VIRGINIA
and the
DOLLEY MADISON PRESCHOOL
1125 Saville Lane
McLean, VA 22101**

FUNDRAISER DONATION CONTRACT

Donor Name _____

Donor Contact(s):

First Name: _____ Last Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Donation Item : _____ Fair Market Value\$: _____

Detailed Description of Donation: _____

Restrictions/Special Instructions: _____

- Gift Certificate Enclosed Contract is the Certificate

**Thank you for your support.
Speech & Language Center of Northern Virginia is tax-exempt under Internal Revenue
Code Section 501(c)(3). Our EIN is #54-0993569.**

**Your donation is tax deductible as a charitable contribution. We will provide a receipt
after the event.**

Thank You!

Signature: _____ Date: _____

Donation Arranged By: _____