



Holiday Share 2024

Thank you for helping fulfill a holiday wish for a child in need!

Donor / Business Name(s) _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Estimated Value of Donation \$ _____

Holiday Share ID#(s)

of Gift Cards _____ Value of Gift Cards: _____

Please keep a copy of this form for your tax records.

North Marin Community Services is a 501c3, tax ID# 94-1735064. You may offer this sheet as documentation of your donation for submission with your taxes. Please check with your tax preparer for allowability of the contribution.

----- For NMCS Staff Use Only -----

Donation received by: _____ **Date received:** _____