



## SEFAA Donation Confirmation

**Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zipcode:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Alternate Phone #:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

I am donating the following items to Southeast Fiber Arts Alliance:

Description	Number/Count	Value

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Email donor a copy of this completed form: Yes \_\_\_\_\_ No \_\_\_\_\_