



**NEW ORLEANS
MUSICIANS' CLINIC
& ASSISTANCE FOUNDATION**

DONATION FORM

DATE OF EVENT: _____

SOLICITED BY: _____

TODAY'S DATE: _____

ESTIMATED VALUE: \$ _____
(MUST BE DETERMINED BY DONOR)

DESCRIPTION OF ITEM (S) DONATED:

CONTACT NAME: _____

DONATED BY (COMPANY OR INDIVIDUAL NAME AS IT SHOULD APPEAR IN THE CATALOG):

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

ANY RESTRICTIONS PLACED ON DONATION? _____

DISPLAY INSTRUCTIONS (IF ANY?): _____

DELIVERY INSTRUCTIONS:

DONOR WILL DELIVER ON: ___/___/___

DONATION WILL BE PICKED UP ON: ___/___/___

Thank you for your tax-deductible donation to the New Orleans Musicians' Clinic & Assistance Foundation (NOMC&AF). All items will directly benefit the New Orleans Musicians' Clinic & Assistance Foundation. Please note that it is the responsibility of the donor to establish the value of the gifts-in-kind for charitable tax-deductible purposes. NOMAF's EIN number is 20-8139539

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