



## Donation Reporting Form

Please include this form with all cash/check donations that you need to send to PIH. Please also bring cash to the bank and convert it into a cashier's check before sending it to PIH.

Mail any donations to:

Partners In Health  
Attn: Samantha Kelts  
PO Box 996  
Frederick, MD  
21705-9942

Date: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Your PIH Engage Team (or location): \_\_\_\_\_

Please describe your event:

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If you would like these funds to be added to the total for your online donation page, please specify the URL of the page to which it should be added:

<https://partnersinhealth.donorsupport.co/-/> \_\_\_\_\_

What is the name and email associated with the page (Who created it?)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Total amount included with this form (not including online donations): \$ \_\_\_\_\_

Total number of fundraising connections this donation represents: # \_\_\_\_\_



# Sample Check

		2815
		Date _____
Pay to the Order of _____	<b>Partners In Health</b>	\$ <input type="text"/>
		_____ Dollars
Memo _____	<b>PIH Engage - TB</b>	_____
:18571	:1863887571	11638;