



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:

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 _____	Partners In Health	\$ <input type="text"/>
		_____ Dollars
Memo _____	PIH Engage - MCOE	
:18571	:1863887571	11638;