



**Berry Fund Charitable Foundation**  
*Donation Recipient Information Form*

|                              |  |
|------------------------------|--|
| <b>Charity or Individual</b> |  |
| <b>Contact Person</b>        |  |

|  |  |
|--|--|
| <b>Federal Tax ID or Social Security Number:</b> |  |
|--|--|

1099 Form Required:     Yes     No    (Please Check One)

|                          |  |
|--------------------------|--|
| <b>Address:</b>          |  |
| <b>City, State, Zip:</b> |  |
| <b>Phone:</b>            |  |
| <b>Fax:</b>              |  |
| <b>E-Mail</b>            |  |

|                                   |   |
|-----------------------------------|---|
| <b>Type of Donation Requested</b> |   |
| <b>Cash</b>                       | Insert \$                  Amount Here                    |
| <b>Goods</b>                      | <b>Please Provide a Description of Goods Requested</b>    |
| <b>Services</b>                   | <b>Please Provide a Description of Services Requested</b> |

|                                |  |
|--------------------------------|--|
| <b>Additional Information:</b> |  |
|--------------------------------|--|

|                        |  |
|------------------------|--|
| <b>Suggested By:</b>   |  |
| <b>Date Submitted:</b> |  |