Holiday Share 2025

Thank you for helping fulfill a holiday wish for a child!

Name _____

Is this a business donation? Yes / No If yes, Business Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Estimated Value of Donation (for tax receipt) $_____

Enter Holiday Share ID#(s) and item description below. Continue on back of page if needed.

How many gift cards are enclosed? _____ Total value of gift cards: _____

Please keep a copy of this form for your tax records.

North Marin Community Services is a 501c3, tax ID# 94-1735064. You may offer this sheet as documentation of your donation for submission with your taxes. Please check with your tax preparer for allowability of the contribution.

- For NMCS Staff Use Only -

Donation received by: _____ *Date received:* _____