



Donor Partner Referral Card

Partner Organization: Step Up Savannah CAP-E3

Donor Name: _____

Donor Email address: _____

Donor Residence Zip Code: _____

PLEASE TAKE THIS CARD WITH YOUR DONATIONS
TO A GOODWILL DONATION CENTER

The Partner Organization receives Goodwill shopping vouchers in return for your donation.
For a list of Retail Stores and Attended Donation Centers go to www.goodwillsavannah.org

To be completed by the Goodwill Associate:

Received Date: _____ Associate #: _____

Donation Center Location: _____

Thank you for your generous support.



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