



Goodwill
of the Coastal Empire, Inc.

Donor Partner Referral Card

Partner Organization: Open Hearts Community Mission

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.



Goodwill
of the Coastal Empire, Inc.

Donor Partner Referral Card

Partner Organization: Open Hearts Community Mission

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.