

INSTRUCTIONS
DONOR OR DESIGNATED REPRESENTATIVE INFORMATION

Donation Form

1. Please complete form upon receipt of in-kind gifts, volunteer service projects (specific projects completed by a designated group) or special activities (organized parties or events conducted by a designated group)
2. Form is used for audit records and to ensure donor receives a thank you/tax receipt
3. Please complete even if donor states they do not want a receipt or acknowledgement
4. Return form to _____ . Thank you!

Donor Name: _____

Company (if applicable): _____

Mailing address: _____

Email address: _____

Preferred phone (Please circle one: Home / Cell / Work): _____

Would donor like to receive an acknowledgement letter / Tax receipt? Yes No

Signature of Donor: _____

DONATION INFORMATION

Program receiving gift: _____ **Date:** _____

Quantity (one bag, etc.): _____

Description and purpose: _____

Volunteer Service Project (please describe): _

Special Activity/Other (please describe): _

Was in-kind gift passed on to a client or clients? Yes No

If yes, please list date exchanged _____ **client case no.** _____

Signature of Staff member: _____ **Date** _____

INSTRUCTIONS
DONOR OR DESIGNATED REPRESENTATIVE INFORMATION

Donation Form

1. Please complete form upon receipt of in-kind gifts, volunteer service projects (specific projects completed by a designated group) or special activities (organized parties or events conducted by a designated group)
2. Form is used for audit records and to ensure donor receives a thank you/tax receipt
3. Please complete even if donor states they do not want a receipt or acknowledgement
4. Return form to _____ . Thank you!

Donor Name: _____

Company (if applicable): _____

Mailing address: _____

Email address: _____

Preferred phone (Please circle one: Home / Cell / Work): _____

Would donor like to receive an acknowledgement letter / Tax receipt? Yes No

Signature of Donor: _____

DONATION INFORMATION

Program receiving gift: _____ **Date:** _____

Quantity (one bag, etc.): _____

Description and purpose: _____

Volunteer Service Project (please describe): _

Special Activity/Other (please describe): _

DONATION VERIFICATION

Estimated value of donation: _____

Was in-kind gift passed on to a client or clients? Yes No

If yes, please list date exchanged _____ **client case no.** _____

Signature of Staff member: _____ **Date** _____