

# In-Kind Donation Form

Donor information is used for acknowledgment purposes. Information is not sold or released.

## Donor Information (Please Print)

Name OR Organization: \_\_\_\_\_

Contact for Acknowledgement: \_\_\_\_\_

(If different than above)

Address:  Home  Work \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Monetary contributions are listed annually. Please check here to remain anonymous.

How did you hear about us?  Email  Mailing  Social Media

Referral-Name: \_\_\_\_\_  Other: \_\_\_\_\_

## Donation Information:

- New Bedding  New Clothing/Pajamas  New Undergarments  Toys  
 Cleaning Supplies  New Children's Clothing  Food  Diapers/Wipes  
 Oral Hygiene Products  Personal Hygiene Products  Make-up  Books  
 Other (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

## FOR STAFF USE ONLY

Cash / Check Amount: \_\_\_\_\_ Notes: \_\_\_\_\_

(Circle One)

Number of Gift Card(s): \_\_\_\_\_ Total Value of Gift Card(s): \_\_\_\_\_

Staff #1 Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Staff #2 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## Receipt

Thank you for your gift to The Women's Center. You will receive an acknowledgement letter in the mail.  
This portion of the form can serve as a receipt, if desired.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Donated Items: \_\_\_\_\_

# Cash Receipt

Currency/Coin Value	Receiver Count	Witness Count
\$100		
\$50		
\$20		
\$10		
\$5		
\$1		
.25		
.10		
.05		
.01		
Totals		
Staff Initials		
Date		

(To be copied onto the back of each In-Kind Donation Form)