Date	Received:	



## **IN-KIND DONATION FORM**

INTERFAITH MINISTRIES FOR GREATER HOUSTON  Donating Organization: (if applicable)  Address:	Zip:    Equipment
Donating Organization: (if applicable)  Address:  City: State:  Phone: Email:  Employer:  GIFT DESCRIPTION:  Please circle donated items: Clothing Furniture Appliances Linens Tools Jewelry Books Space Rental Services	Zip:    Equipment
Donating Organization: (if applicable)  Address:  City: State:  Phone: Email:  Ciproployer:  Cipropl	Zip:    Equipment
Address:  City:  State:  Phone:  Email:  Employer:  GIFT DESCRIPTION:  Please circle donated items:	Zip:    Equipment
ity: State:  hone: Email:  Comployer: State:  Comployer: State: State:  Comployer: State: State	☐ Equipment ☐ Toys ☐ Dishes
Employer:  GIFT DESCRIPTION:  Please circle donated items:	☐ Equipment ☐ Toys ☐ Dishes
GIFT DESCRIPTION:  Please circle donated items:	☐ Equipment ☐ Toys ☐ Dishes
Please circle donated items: ☐ Clothing ☐ Furniture ☐ Appliances ☐ Linens ☐ Tools Jewelry ☐ Books ☐ Space Rental ☐ Services ☐	1 1
Linens Tools Jewelry Books Space Rental Services	1 1
Special instructions or restrictions for your donation: 2024 EM Impact Even	t hosted by HCCC
special instructions of restrictions for your donation.	
Interfaith Ministries for Greater Houston to place a value on your donations. The in record keeping and serves as a receipt for your tax purposes.  Donor Signature:	
COMMENTS / ADDITIONAL GIFT INFO:	
EMAIL COMPLETED FORM TO INFO@VOLUNTEE	RHOUSTON.ORG
** FOR OFFICE USE ONLY (to be completed by IM staff m	nember accepting donation) **
Gift Designation (circle one): MOW aniMeals RS IR	General Other:
Please check the manner in which this donation was solicited. If unsolicited, leave	blank
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☐ Donation collected from an Organization's Event/Drive. (Event Name:	
□ OTHER:	
M Employee's Name: (printed) (signature)	