

IN-KIND DONATION FORM

| Donon | INFORMA | ATION. | | 13 1113 8 4011 | | ii aii oigaiiizatioii : | TE37 NO |
|---|---------------------------|-----------------|--------------------|----------------|-------------|-------------------------|--------------------|
| Donor/Contact Name | e: | | | | | | |
| Donating Organ | ization: <i>(if &</i> | applicable) _ | | | | | |
| Address: | | | | | | | |
| City: | | | | State: | | Zip: | |
| Phone: | | | | Email: | | | |
| Employe <u>r:</u> | | | | | | | |
| GIFT INFORMATIO | N: | | | | | | |
| Please circle donate | d items: | Clothing | Furniture | Appliances | Equi | pment Toys | Dishes |
| Linens Tools Other: | Jewelry | Books | Space Rental | Services | Food | Pet Food | lbs. |
| Special instructions | or restriction | ons for your d | lonation: | | | | |
| Interfaith Ministries fo Donor Signature: | | | ce a value on your | | Date: | on above is needed | d for our internal |
| | PLEASE S | SPECIFY TH | E EXACT ITEMS | OR SERVICE | S DONA | TED HERE: | |
| | | | | | | | |
| ** FO | R OFFICE | USE ONLY | (to be completed | by IM staff me | mber acc | epting donation) | ** |
| Gift Designation <i>(circ</i> | | | aniMeals RS | IR | General | Other: | |
| Please check the ma o Donation collected a o Donation collected t | at an IM eve | ent/drive (Even | nt Name: | | l, leave bl | ank. | |
| o OTHER: | 10111 41. 4.0 | dinzacio c _ | | | | | |
| IM Employee's Name | : (printed) | | (signature) | | | | |