

IN-KIND DONATIONS TO PEOPLE'S PLACE

We appreciate your support. Please tell us about yourself and your donation.

DONOR'S CONTACT INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

DESCRIPTION AND VALUE OF DONATED ITEM(S)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total Value \$ _____

THIS SECTION FOR PEOPLE'S PLACE USE ONLY

Date Donation Received: _____ Staff Receiving Donation: _____

Date Donation Picked Up: _____ Initials of Staff Picking up donation: _____

Where is the donation going: _____

ADMIN DEPARTMENT

Copies to Fund Development, Finance, and receiving program (if applicable)