

# 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: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## DESCRIPTION AND VALUE OF DONATED ITEM(S)

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

**\*Using your initials, please indicate your donation preference below:**

\_\_\_\_\_ Donated items will always go to clients. Excess donations will be donated to other non-profits.

\_\_\_\_\_ Donated items will go to clients, unless clients don't choose an item, then item can go to a People's Place Yard Sale.

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## 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 the donation going: \_\_\_\_\_

**ADMIN: Copies to Fund Development, Finance, and Program Receiving Donation (if applicable)**