



REFERENCE #

DS  DD  Svc

# IN-KIND DONATION FORM

Date \_\_\_\_\_ Giving on behalf of  Self  Organization  
 Vendor (Invoice Required)

<b>Name of Donor</b>		
<b>Name of Organization/vendor</b>		
<b>Phone</b>	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	
<b>Email</b>		
<b>Street Address City, State, Zip</b>		
<b>Contact Preference</b>	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> No Contact or Acknowledgment	
<b>List Donated Items:</b>		
<b>CATAGORIES</b>		<b>FAIR MARKET VALUE</b>
<b>Food &amp; Beverage</b> (GL15521)		\$
<b>Cleaning &amp; Office/School Supplies</b> (Toilet paper, Paper Goods, Plasticware, Batteries, Backpacks, etc.) (GL65040)		\$
<b>Health &amp; Safety</b> (Clothing, Toiletries, Bug Spray, Vitamins, etc.) (GL15520)		\$
<b>Furniture, Electronics, Housewares &amp; All Gift Cards</b> (Household Goods, Small Appliances, Bedding, etc.) (GL15000)		\$
<b>Computers &amp; Hardware</b> (GL62840)		\$
<b>Stamps</b> (GL65020)		\$
<b>Reference Books</b> (Manuals, Bibles, Healing, etc.) (GL65010)		\$
<b>Holiday Gifts for Residents &amp; Families</b> (GL15534)		\$
<b>Camp Hope Facilities &amp; Maintenance</b> (paint, light bulbs, tools, mowers, etc.) (GL62801)		\$
<b>Entertainment</b> (Tickets, Holiday, Sporting, Fiction Books, Puzzles, DVDs etc.) (GL49100)		\$
<b>Services</b> (Pest, AC, Health, Training, etc.) (GL43453)		\$
<b>Vehicle</b> (Oil, Filters, Maintenance items) (16400)		\$
<b>Total Fair Market Value</b>		<b>\$</b>

Donor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Received by PTSD FOA & CAMP HOPE REPRESENTATIVE: \_\_\_\_\_