IN-KIND DONATION FORM

DONATION MADE BY: ☐ INDIVIDUAL ☐ BUSINESS/ORG.

NAME: __________________________________________________________________________ M/F: __________

BUSINESS/ORG. NAME: __________________________________________________________________________

ADDRESS: __________________________________________ CITY: ________________________________

STATE: ______ ZIP: ______ PHONE: __________________________________ □CELL □OFFICE □HOME

EMAIL ADDRESS: __________________________________________

DATE OF DONATION: __________ VALUE OF DONATION: __________

OFFICE: ☐ SOUTHFIELD/DETROIT ☐ GENESEE ☐ MACOMB ☐ WASHTENAW

PLEASE CHECK THE APPROPRIATE BOXES: ☐ NEW ITEMS ☐ NOT NEW

☐ CLOTHING ☐ TOYS ☐ FURNITURE ☐ GIFT CARDS ☐ OTHER

DESCRIPTION OF DONATION: (i.e. 2 bags clothing, 1 bike, dining set, canned food, etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

This form serves as your receipt for tax purposes. Orchards Children's Services is a 501(c)(3) non-profit. Your gift is tax deductible as permitted by law. No goods or services were given in consideration of your gift.