



Centrum Officenter
24901 Northwestern Highway, Suite 500, Southfield, MI 48075

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.