

## 3036 S. 1st Street Austin, TX 78704

## **In-Kind Donation Receipt Form**

This form is required for our accounting purposes. Thank you!

Receiving Staff to Complete
Date Received:
Location:
Family Name/Family ID:

Part A: Salast the in kind drive			
Part A: Select the in-kind drive			
☐ Back to School Drive ☐ Holiday A	Assistance Program	ome Home Baskets □ Other:	
Part B: Donor Information			
Donor/Primary Contact Name:			
Organization/Company:			
Mailing Address:			
City:	State:	Zip:	
Phone:	Phone Type:	□ Personal □ Business	
Email:			
☐ Gift from Individual. ☐ Gift from	Organization/Company		
Gilt Holli ilidividual. 🗆 Gilt Holli	Organization/Company.		
Part C: Donation Items			
Estimated donation amount:			
Based on donor's estimation, not For	undation Communities'.		
Please list the number of gift cards by type and dollar amount. E.g. (5) \$25 HEB Gift Cards			
,	-7	- g. ( <del>-</del> ) + g	
Please provide a list of items donated:			
Foundation Communities certifies that no go	eods or services have been given in	n exchange for this gift. Therefore the full value of	
your donation is tax deductible under I.R.S. I	_		
VET only: HC Constituent ID:	SC Constituent ID:	□Relationship	
Staff notes:			
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