



3000 S. IH35 Frontage Ste. 300
Austin, TX 78704

In-Kind Donation Receipt Form

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

Receiving Staff to Complete	CVET/IGE to Complete
Date Received: _____	HC Constituent ID: _____
Location: _____	SC Constituent ID: _____
Received by: _____	<input type="checkbox"/> Relationship
Staff Notes: 	

Part A: Select the in-kind drive | DONOR TO COMPLETE

- Holiday Assistance Program | Family ID: _____
- Back to School Drive
- Welcome Home Baskets
- Other: _____

Part B: Donor Information | DONOR TO COMPLETE

Donor/Primary Contact Name: _____

Organization/Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone Type: Personal Business

Email: _____

Gift from Individual. Gift from Organization/Company.

Part C: Donation Items | DONOR TO COMPLETE

Estimated donation amount: \$ _____

Total of all gifts below. Based on donor's estimation, not Foundation Communities'.

Please list the number of gift cards by type and dollar amount. E.g. (5) \$25 HEB Gift Cards

Please provide a list of items donated:

Foundation Communities certifies that no goods or services have been given in exchange for this gift. Therefore the full value of your donation is tax deductible under I.R.S. regulations. Foundation Communities is a 501(c) (3) organization.

Part D: Client Pick Up Log | STAFF TO COMPLETE (HAP/WHB) – Staff: Cover sections A & B or fold at dotted line

Resident/Client Name: _____ Unit: _____

Signature: _____ Date Received: _____

Staff Signature: _____

OR Use separate Client Pick Up Log & Attach for Donations for multiple households on 1 form Multiple forms for 1 household