



Community Family Centers
Centros Familiares de la Comunidad

Gifts In Kind
Product Donation Form

- Instructions: 1) Complete form.
2) Give a copy to the donor and to the Accounting department.

Donor Information

Donor Name (Individual or Company)			
Contact Name (If Company)			
Address:			
City, State, Zip:			
Phone Number:		E-mail:	

Item Description	Quantity	Estimated Value in \$ (Optional)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

Donor did not receive any services or cash for this donation.

Received By: _____

Date Received: _____