



IN-KIND CONTRIBUTION FORM

79 W Alexandrine, Detroit, MI 48201 | 313.831.5535 | www.TheChildrensCenter.com

DONOR INFORMATION

NAME: Mr. Mrs. Ms. First: _____ Last: _____

Business/Organization (if applicable): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Business

Phone #: _____ Email: _____

Home Business Personal

Home Business Personal Please sign me up for The Children's Center e-newsletter!

HOW DID YOU HEAR ABOUT THE CHILDREN'S CENTER?

- I am a current donor
 Family/Friend/Workplace
 My child receives services
 Website/Social Media
 I am a TCC staff member
 Board Members/Volunteers
 Other _____

DONATION

ITEM TYPE	CHECK ONE	DESCRIPTION OF ITEM(S)
Clothing	<input type="checkbox"/> New <input type="checkbox"/> Used	
Food	<input type="checkbox"/> New <input type="checkbox"/> Used	
Toiletries	<input type="checkbox"/> New <input type="checkbox"/> Used	
Appliances	<input type="checkbox"/> New <input type="checkbox"/> Used	
Furniture	<input type="checkbox"/> New <input type="checkbox"/> Used	
Toys/Games	<input type="checkbox"/> New <input type="checkbox"/> Used	
Books/Educational Materials	<input type="checkbox"/> New <input type="checkbox"/> Used	
Other	<input type="checkbox"/> New <input type="checkbox"/> Used	
Date of Donation _____ / _____ / _____		Signature _____

Contributions and donations are deductible for income tax purposes to the extent allowed by law. The IRS does not allow The Children's Center to place a value on your donation. This document serves as a receipt for your tax purposes.

Special Instructions or restrictions for your donation, if any: _____

FOR OFFICE USE ONLY:
 I acknowledge this donation has been made to and accepted by The Children's Center. The information stated above is accurate. All pertaining hard copy documentation of this gift is attached.

TCC Staff Signature Date