



IN-KIND CONTRIBUTION FORM

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

DONOR INFORMATION

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

Business/Organization (if on behalf of): _____

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: _____

SPECIAL INSTRUCTIONS

- Holiday Shop
 Back to School
 Other: _____

DONATION

*Required field

ITEM TYPE	CHECK ONE	DESCRIPTION OF ITEM(S)	ESTIMATED VALUE
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 ____/____/____		*Total Donor Estimated Value of Gift	\$

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.

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. Any hard copy documentation pertaining to this gift is attached.

 The Children's Center Staff Signature

 Date