

In-Kind Donation Form

Please send completed forms to volunteering@thenightministry.org

DONOR INFORMATION									
☐ Individua	I ☐ Corporation	☐ Congregation	Date: □ Group	Date: □ Group					
	Individual:								
Address:									
Phone: ()									
Email:									
I'd like to receive: Monthly e-newsletter (please include email address) Quarterly print newsletter									
Category		escription list location & dates served)	Quantity	Value					
Food									
Hygiene									
Socks									
Baby									
Linens/Towels									
Clothing (including underwear & outerwear)									
Other									
Gift Designation	Grand Total:								
	\$	(must be determined by donor) \$							
For Office Use Donation received by: Form completed by: Presentation by: Staff Notes for Talisma:									



Gift Card In-Kind Donation Form

DONOR INFORMATION												
☐ Individual	☐ Corporation						Date: □ Group					
Name of Group/Individual:												
Address: City/State/Zip:												
Phone: ()				Fax: ()								
Email:												
Contact Name: Contact's Phone:												
I'd like to receive: Monthly e-newsletter (please include email address) Quarterly print newsletter												
Fast Food	\$5	\$10	\$15	\$20	\$25	\$50	\$	\$	Total			
Burger King												
Dunkin Donuts												
McDonalds												
Starbucks												
Subway												
Other												
Drug/Grocery Store	\$5	\$10	\$15	\$20	\$25	\$50	\$	\$	Total			
CVS												
Walgreens												
Jewel												
Other												
General Retail	\$5	\$10	\$15	\$20	\$25	\$50	\$	\$	Total			
K-Mart/Sears												
Target												
TJ Max/Marshalls												
Wal-Mart												
Other												
Ventra Passes (CTA)	1 Rio	1 Ride (\$3) 1-Day		y Pass (\$10) 3-Day Pass (\$2		ass (\$20)	7-Day Pass (\$28)		Total			
Ventra												
Notes:						Grand	d Total:					
For Office Use												

Donation received by: _____ Form completed by: _____ Presentation by: _____

January 2016

Staff Notes for Talisma: