



Holiday Celebration 2018

In-Kind Donation Form

DONOR INFORMATION

Date: _____

- Individual
 Corporation
 Congregation
 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

Category	Description <small>(meal groups list location & dates served)</small>	Quantity	Value
Holiday Stockings			
Holiday gifts/toys/games			
Food			
Hygiene			
Socks			
Baby			
Linens/Towels			
Clothing <small>(including underwear & outerwear)</small>			
Other <small>(gift cards on reverse)</small>			
Gift Designation: <input type="checkbox"/> Unrestricted <input type="checkbox"/> Youth Outreach Team <input type="checkbox"/> The Crib <input type="checkbox"/> Health Outreach Ministry <input type="checkbox"/> RAPP <input type="checkbox"/> ODS-WT Interim <input type="checkbox"/> ODS-WT STEPS <input type="checkbox"/> ODS-WT Continuing Care			Grand Total: <small>(must be determined by donor)</small> \$

For Office Use

Donation received by: _____ Form completed by: _____ Form to Gabi: _____



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Gift Card Donations

Please fill out Donor Information on Page 1

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									
Mariano's									
Other									
General Retail	\$5	\$10	\$15	\$20	\$25	\$50	\$	\$	Total
K-Mart/Sears									
Target									
TJ Maxx/Marshalls									
Wal-Mart									
Kohl's									
Other									
CTA Passes	1 Ride (\$3)		1-Day Pass (\$10)		3-Day Pass (\$20)		7-Day Pass (\$28)		Total
Ventra									
Notes:							Grand Total:		