

In-Kind Gift (Non-monetary) Contribution Form

Date of donation:			
Donor Information (please prin	<i>ut</i>)	Company/Organization	
Donor Name (Mr./Ms./Mrs./Dr.):			
Organization Contact Name (Mr./	Ms./Mrs./Dr.):		
Mailing Address:			
City:		State:	Zip:
Phone: Day	Evening	Email:	
Please do not publish my name with	this gift. 🗌 I prefe	er not to receive e-newsletter or e-mail con	mmunications from DePelchin.
Please provide a detailed description	on of gift(s):		
DePelchin Children's Center reserves t	he right to discard or dor	nate to another charity any gift deemed ina	appropriate or unsuitable for our client

I estimate the fair market value of this gift to be: \$_____*

*DePelchin Children's Center is grateful for your in-kind donation. Please note that this form does not serve as a tax receipt for this contribution. A gift acknowledgement/receipt describing the items donated will be mailed to the address supplied above. The value of any item, regardless of the amount, is used for internal gift reporting only; DePelchin Children's Center is unable to include the estimated value on a donor receipt or acknowledgement. It is the responsibility of the donor to substantiate the fair market value for his/her own tax purposes.

Thank you for your generous support!

DePelchin Children's Center • 4950 Memorial Drive • Houston, Texas 77007 • 713-802-7648 • www.depelchin.org

To be completed by DePelchin Staff:			
Date received:			
Received by:	Phone:		
Program for which gift is designated (if known):			
□ Holiday Project: □ Toy drive? or □ Sponsor?			
□ School Supply Drive			
□ Thanksgiving Baskets			
□ Other:			
Additional notes:			