



In-Kind Donation Form for Chehalem Youth and Family Services

Please complete this white area of this form and forward to the Development Department

Donor's Name: _____ Date: _____

Business/Agency: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email Address: _____

Please add me to the CYFS mailing list

Description of Donated Items	Donor's Estimated Value	Staff's Estimated Value
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

(Continue on reverse for more donations)

Thank you for your generosity! Possible uses for donation could be in one of our programs based on need, or it may be sold in our thrift shop to benefit the youth and families we serve. Please designate your donation if you have a specific wish for its destination.

Designated Donation? Yes No If yes, designation request: _____

Donor Signature

Date

Signature of Staff Receiving Donation

Date

CYFS Use Only - Donation Status

_____ (Please Initial) Form Received by the Development Department for Thank You & Receipt

_____ (Please Initial) Form Received by In-Kind Donation Manager (Thrift Shop Manager)

Program Use: _____

Destination:

- Main Office Basement Main Office Upstairs Sarah St. House Harrison House
- Brandon 1 Chehalem House Chehalem Academy Thrift Store

_____ (Please initial) Donation received by location

Disposal (method and reason): _____

Form Approved By: _____

