

In-Kind Donation Form

Office Use

 <p>Relief Nursery, Inc. 1720 West 25th Avenue, Eugene, Oregon 97405 541.343.9706 phone 541.683.3748 fax www.reliefnursery.org Federal Tax ID 93-0784800</p>	Event:
	Event Date:
	Item #:
	Pkg #:
	L/S:

Donor Name As It Should Appear In Printed Materials:

Donor Contact Name:

Street Address/PO Box:

City, State, Zip:	Fax #:
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Phone #:	Email:
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Description of Item:	Value:
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- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • One Item/ Complete Package Per Form • Number of Persons/ Days/ Nights/ Weeks for Accommodations | <ul style="list-style-type: none"> • Be as Detailed as Possible • Quantity / Size / Color | <ul style="list-style-type: none"> • Include Any Restrictions / Limitations (Dates, Locations, Use, Etc.) |
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Donor Signature:	Date:
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Committee Representative:

Please keep for your records, this certifies that no goods or services were received in exchange for this donation.

Gift certificate provided (Yes/No):

Need to pick up (Yes/No):

Thank you for your donation. A formal thank you will be sent to you after the event.

White: Relief Nursery · Yellow: Committee Chair · Pink: Donor