



Gift In-Kind Report

All in-kind gifts must be approved in advance by the Community Relations Director.

Name of Donating Organization: _____

Contact Name: _____ Title: _____

Organization Address: _____

Telephone: _____ Fax: _____ Email: _____

Organization: _____ Website: _____

Description of Goods or Service Donated:

Date of Donation: _____ Value of Donation: _____

This area to be completed by DCLS staff

Received by: _____
Print DCLS Staff Name Signature/Date

Branch Thank You Sent : _____ System Thank You Sent: _____
date/ staff initials date/ C.R. staff initials

Revised 4/26/11

Return Completed Form to Community Relations Assistant, DCLS Administration Building