

## NONCASH DONATION FORM-TAX RECEIPT

Donor/Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

☐ Yes! I'd like to receive monthly E-Mail updates from the Partnership.

☐ I am interested in learning about volunteer opportunities.

### ITEMS DONATED:

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### PLEASE DESIGNATE MY DONATION TO:

☐ Where the need is greatest

☐ Program: \_\_\_\_\_

Donations which cannot be used in the Partnership programs will be used in the Partnership Thrift Shop and other fundraising efforts. Proceeds will be referred back to assist programs where needed.

### HOW DID YOU HEAR ABOUT THE PARTNERSHIP:

☐ Television

☐ Newspaper

☐ Radio

☐ Internet

☐ Word of Mouth

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Signature of Receiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*\*Contributions to the Partnership may be tax deductible. Consult your tax professional or the IRS for guidance on placing the appropriate value on your donation for tax purposes. The Partnership CANNOT assign a monetary value to your donation.**