



Gifts-In-Kind Donation Form

Date of Arrival _____

Donor Information:

The donor must submit this completed form or an e-mail indicating the item(s) being donated and the estimated value.

Name of Donor _____

Contact (s) _____

Address _____

Phone _____

E-Mail _____

Description _____

Estimated Value _____

Administration Review:

Receiver Name

Receiver Signature

Send completed form to: To Life! 410 Kenwood Ave., Delmar, NY 12054 or fax to 518-475-9141