



96 S Zuni  
 Denver, CO 80223-1208  
 720.423.8900

# In-Kind Contribution Receipt

PLEASE PRINT

Donor Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Preferred Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Item:

Clothing \_\_\_\_\_

Diapers \_\_\_\_\_

Toys \_\_\_\_\_

Books \_\_\_\_\_

Giving Projects

Please circle one: School Supplies, Holiday GIVING, Other

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

(Note to staff: Please forward yellow copy to the Development Office within 48 hours of receiving items.)

Copies: White to Donor

Yellow to Development \_\_\_\_\_ (initials)

Accounting \_\_\_\_\_ (initials)