



## IN-KIND DONATION FORM

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Dev. 2/02 (Rev. 12/08)

**(PRINT) PROGRAM INFORMATION (to be completed by LFS staff)**

Program Name: \_\_\_\_\_ Cost Center #: \_\_\_\_\_

Received by: \_\_\_\_\_ Phone #: \_\_\_\_\_

**(PRINT) DONOR INFORMATION (to be completed by donor)**

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

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**IN-KIND GIFT INFORMATION**

Date Received: \_\_\_\_\_ Value of Donation (as stated by donor): \_\_\_\_\_

Description of Gift (please be as specific as possible):

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Return this form to: Lutheran Family Services  
Corporate Office Manager  
PO Box 12287  
Raleigh, NC 27605