



## 2016 Crossroads Safehouse Inkind Donation Form

<b>Date:</b>				<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mr. & Mrs.
<b>Name:</b>							
<b>Organization:</b> (if appropriate)							
<b>Organization Contact:</b> (if appropriate)							
<b>Address:</b>							
<b>City:</b>				<b>State:</b>		<b>Zip:</b>	
<b>Contact Phone Number:</b>							
<b>E-mail Address:</b>							
<b>Monetary Donation Only:</b> \$							
<b>In-kind Donation</b>							
<b>Donor Stated Value:</b> \$				<i>(If you wish to have a value included in your acknowledgement letter, please state value)</i>			
<b>Description:</b>							
<b><i>I did not receive money or services for this donation.</i></b>							
<b>Donated by:</b> <i>(signature)</i>							
<b>Received by:</b> <i>(Crossroads Rep Name)</i>							