

2022 Taste of the World Gift In-Kind Donation Form

Donor Name:		Date:		
First		M.I	Last	
Organization/Title				
Address:				
Work Phone		Home I	Phone	
e-mail	@	V	/ebsite:	_
Please circle the item	(s) & note quantities you	u are dor	nating:	
Furniture	Food	В	ooks	Services
OTHER (please Spec	ify):			
Special Instructions of	r restrictions for your do	nation, i	i any:	
VALUE OF YOUR DO	ONATION: \$		Date:	
does not allow Pearl S		olace a v	alue on your don	the extent allowed by law. The IRS ations. The information above is tax purposes.
Donor Signature		Recei	ved by	
********	******* FOR	PSBI US	E *********	******
Staff/Volunteer: Make	sure donor affixes valu	e: give	copy to donor: fo	rward original to Admin Assistant.
Admin Assistant – Co	ntribution Recorded -	Initials _	Date	
Δς	knowledgement Sent -	Initiale	Date	