



# In-Kind Donation Form

Thank you for your generous in-kind gift to CHRIS Kids, Inc. Please fill out this form so that we may thank you properly, and record this donation. We will send you a thank you letter which will also serve as your tax receipt.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company/organization/congregation: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

This donation is for:

Greatest need

Therapeutic Group Homes, or specific home:

DeKalb

Douglas

Gwinnett

Sandy Circle

Stephenson

Ellenwood

Fulton

Rock Shadow

Sherwood

Independent Living Program

Rainbow Program

Community Programs

Camp CHRIS

Type of donation: \_\_\_\_\_

Value of donation: \$ \_\_\_\_\_

CHRIS Kids, Inc. 3109 Clairmont Road, Suite B, Atlanta, GA 30329, 404-564-3407, fax 404-564-4707  
[www.chriskids.org](http://www.chriskids.org)

<b>For office use only:</b>	
Allocation _____	Initial Dev. _____
Date allocated _____	Initial Ops. _____
Clients served _____	Initial Act. _____