

PROVIDING HOPE | ACHIEVING JUSTICE | CHANGING LIVES

Charitable In-Kind Donation Form

|  |  |
| --- | --- |
| Individual/Organization/Community Donor Name |  |
| Contact Information:Name |  |
| Street Address |  |
| City, State & Postal Code |  |
| Contact Phone Number |  |
| Contact Email Address |  |

|  |  |  |
| --- | --- | --- |
| Description of donated items |  |  |
|  |  |
| Quantities of items/boxes/bags |  |
| Estimated Value of items |  |
| **Delivery:**Selected Date and Time: | Tuesdays between 10 am – 1 pm | \* |
| Wednesdays between 1 pm – 3 pm | \* |
| Thursdays between 10 am – 1 pm | \* |
| Called/Emailed and arranged slot with staff member (name?) and agreed upon date and time? | \*\*\* |

* Have you donated to our organization in the past? If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How did you hear about My Sisters’ Place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Name of Contact Person at My Sisters’ Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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