



Mission: We partner with families and communities to provide effective and responsive services for children and youth coping with adversity and trauma

In-Kind Donor Gift

Donor Information

Date of Gift _____

Company/Organization Name _____

Name _____

Address _____

City, State, Zip _____

Phone # Home Work Cell _____

Email _____

Description of donation(s):

Estimated Value

To be determined by donor

1 _____

2 _____

3 _____

4 _____

5 _____

No goods or services were provided in exchange for this donation

Solely intangible benefits were provided in exchange for this donation

The following was provided in exchange for this donation: _____

Person accepting gift _____

phone ext. _____

Receiving location _____

Benefiting Department/Restriction to: _____

Program # _____

Contributions to Morrison Child & Family Services are deductible for tax purposes to the extent allowed by law. Our 501(c)(3) tax ID number is 93-0354176. Administration and Development Office: 11035 NE Sandy Blvd., Portland, OR 97220 (503) 258-4227

Thank you for your generous support!

White: Donor - Pink: Development - Yellow: Accounting

RE TY by _____ on ____ / ____ / ____