

45938 Wellington Ave, Chilliwack, BC V2P 2C7
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www.comserv.bc.ca

## Gift In Kind Donation Form

Donations of material goods are called "gifts in kind."

These contributions are very valuable in helping to stretch our budget and better serve our clients.

Donor Information										
			First Na	First Name			Title			
Organization							Title			
Home Address										
City					Postal Code					
Preferred Email					Home Tel					
$\vdash$	Gift Description									
Step 3	☐ Food		☐ Toys / Games	Games 🗆 Clo		thing	☐ Personal Hygiene		Hygiene	
	☐ Househo	old Items	☐ Furniture / App	ıre / Appliance 🗆 D		pers / Formula	☐ Public Company Share		mpany Shares	
	☐ Gift Card	☐ Computer Hardw	er Hardware   ☐ Other (please specify)							
	Please provide a brief description of your donation:			tion:	Value: \$					
	Turder y									
2	Program Designation (please choose which program area you would like your donation to go to)									
Step	☐ Early Years ☐ Youth		☐ Youth Services	Services $\square$		nily Services	□ S	☐ Senior Services		
	☐ Immigrant Services ☐ Christn		☐ Christmas Shar	nas Sharing		draising	☐ Administration			
<b>(</b> )	$\square$ Wherever would be best used				☐ Other <i>(please specify)</i>					
	" · · · · · · · · · · · · · · · · · · ·									
3	Charitable Receipt Option									
Step	$\square$ Yes $\square$ No $\square$ If yes, invoice or sales receipt must be attached confirming value of item.									
St	Chilliwack Community Services follows CRA guidelines in the Issuance of charitable tax receipts. Please contact Shirley Triemstra, Fundraising									
	Coordinator at 604.793.7221 or triemstras@comserv.bc.ca to discuss whether a tax receipt is applicable.									
Donor Signature:						Date:				
For CCS Use Only		Signature approving data entry				CCS Receipt #		Amount \$		
						Date issued:				
		Journal Entry Type	Fund	und Appr		roach Campaign		/GL#	Payment Type	
		☐Gift ☐ Contact							In Kind	