CHWK COMMUNITY SERVICES

100 - 46187 Yale Rd Chilliwack, BC
Tel. 604.792.4267 • Fax 604.792.6575
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** | | |
|---|---|---|
| Last Name | First Name | Title |
| Organization | | |
| Home Address | | |
| City | Postal Code | |
| Preferred Email | Home Tel | |

**Step 1**

## Gift Description

| | | | |
|---|---|---|---|
| ☐ Food | ☐ Toys / Games | ☐ Clothing | ☐ Personal Hygiene |
| ☐ Household Items | ☐ Furniture / Appliance | ☐ Diapers / Formula | ☐ Public Company Shares |
| ☐ Gift Card | ☐ Computer Hardware | ☐ Other *(please specify)* | |

| Please provide a brief description of your donation: | Value**: $** |
|---|---|
| | |

**Step 2**

## Program Designation *(please choose which program area you would like your donation to go to)*

| | | | |
|---|---|---|---|
| ☐ Early Years | ☐ Youth Services | ☐ Family Services | ☐ Senior Services |
| ☐ Immigrant Services | ☐ Christmas Sharing | ☐ Fundraising | ☐ Administration |
| ☐ Wherever would be best used | | ☐ Other *(please specify)* | |

**Step 3**

## Charitable Receipt Option

☐ Yes ☐ No If yes, invoice or sales receipt must be attached confirming value of item.

Chilliwack Community Services follows CRA guidelines in the Issuance of charitable tax receipts. Please contact Bonnie Esau, Community Relations Coordinator at 604.378.2798 or fundraising@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** ☐Gift ☐ Contact | **Fund** | **Approach** | **Campaign** | **Notes/GL #** | **Payment Type** In Kind |

Charitable #118852797RR0001