



GIFT IN KIND DONATION FORM

Item Name: _____ Retail Value: _____
Item(s) Description: (include description, contents, quantity, size, brand, model, color, etc.) _____ _____
Item(s) Restriction, if any: (List limits on dates, time, expirations, number of people, exchanges, etc.) ** _____ _____

Exact Donor Listing: _____
Contact Name*: _____
Address: _____
City, State, Zip: _____
Phone: _____ Email: _____
Donor's Signature: _____
<i>*Acknowledgement of donation will be sent to above contact.</i>

Return the completed form with donation item(s) to:

Claire Blaney, Associate Director of Advancement
First Place for Youth
426 17th Street, Suite 100
Oakland, CA 94612
Phone: 510-272-0979 x 1098
Fax: 510-272-9303
Email: cblaney@firstplaceforyouth.org
www.firstplaceforyouth.org

**** Please indicate if pick-up of items needs to be arranged.**

*This donation becomes the property of First Place for Youth, a 501(c)3 nonprofit organization.
Thank you for your tax-deductible gift. (Tax ID # 94-3341034)*