

GIFT-IN-KIND
YES WE WANT
TO HELP!



Date:

Name:

Contact Information (email address and phone number):

Description of Item(s):

Fair Market Value of Item(s):

NAME(S) YOU WOULD LIKE TO BE RECOGNIZED ON WEBSITE, PROGRAM, HANDOUT, ETC (PLEASE PRINT CLEARLY)

DONOR MAILING ADDRESS FOR TAX RECEIPT PURPOSES:

THANK YOU FOR YOUR SUPPORT!
FOR MORE INFORMATION CONTACT: Lpeteet-allen@ywcarichmond.org

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