

alzheimer's association

Greater Kentucky and Southern Indiana Chapter

Gifts In Kind Donation Form

Date: _____

Name of Donor: _____

Address: _____

Phone: _____

Email: _____

Type of Donation: Service: _____ Office Item: _____

Food: _____ Computer Equipment: _____

Educational Presentation: _____ Other: _____

Purpose of Gift: (i.e. Memory Walk, office donation, presentation):

Value: \$ _____

Did you budget to purchase this item in this Fiscal Year? ____ Yes ____ No

Receipt attached?* Yes No

For Office Use Only:

To be copied on the Acknowledgment letter sent by CEO:

VP, Development VP, Education/Program VP Awareness Education Staff Other: _____

Regional Office: Evansville Lexington Louisville

Contact: _____