



Memorial, Monetary and In-Kind Donations

Name _____ Date _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 email _____

Memorials or Honorariums

This donation is in **memory** of or in **honor** of (circle One) _____

Please send notification to: (Name) _____

(Address) _____

(City, State, Zip) _____

Monetary Donations

\$ _____ Undesignated \$ _____ Designated

In-Kind Donations

(Attach sales receipt when possible and additional sheet, if necessary)

	Description	Number	Price/Est. Value
Casino Night (Wine/Gift Cards)			
Crisis Clothing, Hospitals			
Crisis Clothing, Huckleberry House			
Huck House Apartments			
Franklin Cty Children Services			
Grant Centering Pregnancy Prog.			
Hygiene Kits (Fabric/Personal Items)			
Office Supplies (Coffee, etc.)			
PALS			
Spring Luncheon			
Tutoring/Reading			
Other:			
Total			

Federal tax law requires us to inform you that no goods or services were provided in exchange for this contribution. We may wish to publicly acknowledge your contribution by various means. If you prefer not to be included on any donor recognition list, please contact us in writing. Donor names and addresses are not shared, unless required by law, or sold to any outside organizations. You can request a copy of Assistance League of Metro Columbus' Donor Privacy Policy by contacting us in writing. Please keep this official gift receipt for your tax records. Assistance League of Metro Columbus' Federal Tax ID number is 31-1593952.