**Gift *I* Donation Form**

# Staff: Please complete a form for each gift or donation received and give to Sam G.

Evergreen Youth & Family Services, Inc., P.O. Box 662 Bemidji, MN 56619-0662

**Which Program Received the Gift *I* Donation** (*Please Circle or Highlight*)

# Evergreen Shelter Evergreen Youth Services

Shelter Youth Counseling/Behavioral Health Therapy Independent Living Skills

Family Counseling Street Outreach/Drop-In Center Safe Harbor DEED CVS

# Suicide Education Housing OVW

Rock Sober

What was the gift *I* donation? Please list below: New Used (please list quantities)

(Please paperclip any checks to this form):

Donor/Organization:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If donor is an organization, contact name (person): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A letter of thanks, acknowledgement and tax receipt will be sent to the donor. Please note that Evergreen does not assign a financial value to donated items. That is up to the donor, we simply list the items received in our acknowledgement.

\_\_\_\_ No Thank you letter required