



FamilyTree

# Holidays of Hope

## Gift In-kind form

Date of donation: \_\_\_\_\_

☐ Individual/family      ☐ Group

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

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

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

Business/organization contact (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ ☐ (H) ☐ (W) ☐ (C) Email: \_\_\_\_\_

Description of donated good(s)/services(s)

Estimated fair market value of item(s): \$ \_\_\_\_\_

Would you like Family Tree to contact you for future needs? ☐ Y ☐ N

Would you like to receive Family Tree's newsletter? ☐ Y ☐ N

How would you like to receive your thank you letter? ☐ Email ☐ Mail

**THANK YOU FOR YOUR DONATION**

*Internal use Only*

Family Tree Staff Name: \_\_\_\_\_

Date emailed to GCS: \_\_\_\_\_

For questions or to submit your completed form, email [CGilings@thefamilytree.org](mailto:CGilings@thefamilytree.org)