GOODWILL IN-KIND GIFT FORM

Reproduce this form as necessary

Goodwill Industries
3636 North Oliver
Wichita, KS 67220

From: Chapter Name & District:_____
Donating Member's Name:_____
Address: _____
City, St & Zip:_____

Quantity	Item Description	Estimated Value
		Total $ _____

Thank you for this gift and for your support.

One copy each to: Kansas Goodwill Chairperson; Chapter Chairperson;
and member's personal file (for income tax purposes)