RECORD OF IN-KIND-GIFT

Reproduce this form as necessary

From: Chapter Name & District:________________________________

Donating Member's Name:____________________________________

Address: ____

City/State/Zip code ____

Quantity	Item Description	Estimated Value
	Total $ ___________________

Thank you for this gift and for your support. One copy each to: Care Connection Chairman, Chapter Chairperson, & member's personal file (for income tax purposes)