

In-Kind Donation Receipt

Donor Name:	Phone:	
Organization Name (if applicable):		
organization Name (n'applicable):		
Address:		
City:	State:	Zip:

Email:

Quantity	Item Description	Age/Co	ndition	Value
	Total value of Donatio		onation	
Would you	like to learn more about volunteer opportunities?	Yes 🗌	No 🗌	
Can Almos	t Home take a photo of you/your donation to use for marketing purposes?	Yes 🗌	No 🗌	
attest that	am donating the items listed above to Almost Home for charitable purposes.	1	1	1
Donor's Sig	nature:		Date:	

I acknowledge receipt of the above items and attest that the donor did not receive any goods or services in exchange for the donations listed.

Staff Signature: _

3200 ST. VINCENT AVE SAINT LOUIS, MO 63104 (314) 771-4663 ALMOSTHOMESTL.ORG



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