



# IN-KIND DONATION FORM

Today's Date: \_\_\_\_\_

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

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

\_\_\_\_\_

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

E-mail: \_\_\_\_\_

Donation List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have made a donation to GEMS before:  Yes  No

I would like to join your mailing list:  Yes  No

I would like to get the monthly newsletter:  Yes  No

Thank You for your In Kind donation from the girls & young women at GEMS!

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*For office use only:*

Staff Receiving Donation: \_\_\_\_\_

Date received: \_\_\_\_\_