

Helping those in need succeed

IN-KIND CONTRIBUTION FORM

Name:		
Company Name:		
Address:		
City: S	tate: Zip C	Code:
Phone: () E-mail:		
Donor Signature:	Date:	
Item(s) Donated:		Donor Stated Value:*
		\$
		\$
		\$
		\$
		\$
		\$
	Total Donor Stated Value:	
*As a matter of Judson Center policy, the donor is resp No goods and services were provided in consideration for thi tax-exempt status under the Internal Revenue Service Code supon request. Federal Tax ID.# 38-1359084.	s gift. As a non-profit entity, Judson (Center has been granted
☐ This contribution is unrestricted , please use the contributed i		
☐ This contribution is restricted , the specific purpose is		
Received By:	Received Date:	
Designated Program:	Program Manager:	
Donation Location: □ Genesee □ Grosse Pointe □ Mac	omb □ Oakland □ Washtenaw	□ Wayne