IN-KIND DONATION FORM

Date of Donation: ____________________

Title (Mr., Ms., Mrs., Dr., etc.): __________ Name: ____________________________________________

Address:______________________________________________________________________________

City:_____________________________________ State: ___________________ Zip: ________________

Phone: _________________________ Email: ________________________________________________

Donation Details:

# Of Bags__________   Donation Description:________________________________________

# Of Boxes_________   __________________________________________________________

# Of Items_________   __________________________________________________________

All donations will be acknowledged by Queen of Peace Center. It is the responsibility of the donor to provide an itemized list of your donation.
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