



****HOLIDAY STORE ONLY****

Donation Intake Form

Please fill out completely and leave with all items donated to Moving in the Spirit

Description of item: _____

Date received: _____

Name of Donor(s): _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Value assigned: _____

Method used to assign value: receipt attached fair market value

Purpose of the donation: Holiday Store

Donor Signature: _____ Date: _____

Person receiving the item: _____

Please attach a copy of the receipt, invoice or price tag if available

For internal Use

Etap.	
Exls.	
Ackn.	
File	
Acct	

Class		
Expense	509.25	Holiday Store
Income	401.930	Materials/Merchandise