



GIFT-IN-KIND ACCEPTANCE FORM

PLEASE MARK APOSTOLATE

01 Generalate
 03 MCHM
 05 Santa Teresita
 06 Avila Gardens
 07 Marycrest
 08 SHRH
 12 Hayden

Gift Received by: _____ Date: _____

DONOR INFORMATION – PLEASE PRINT LEGIBLY

Name of Company/Donor _____ Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Donor Signature _____ Date _____

Procurer Signature _____ Date _____

Acknowledgement Needed

GIFT INFORMATION

Detailed description of item _____

Estimated value given by Donor \$ _____ Receipt / Invoice Attached: Yes No

Item Received
 To be picked up by: _____
 To be delivered by: _____

Donor Restrictions No Yes _____

Comments _____

IN-OFFICE USE ONLY

For events, please select the name of the event below and the category the donation will be applied to

<input type="checkbox"/> AG Tea	<input type="checkbox"/> SHRH Boutique	Category: _____	Item #: _____
<input type="checkbox"/> HC H5K	<input type="checkbox"/> SHRH SJN		
<input type="checkbox"/> MM MLD	<input type="checkbox"/> ST Gala		

<input type="checkbox"/> Food Booths/Bakery Shop	<input type="checkbox"/> Game Booths	<input type="checkbox"/> Caricature Booth	<input type="checkbox"/> Country Store	<input type="checkbox"/> Raffle
<input type="checkbox"/> Carmel Kitchen	<input type="checkbox"/> Children’s Area	<input type="checkbox"/> Garden Booth	<input type="checkbox"/> Gift Shop	<input type="checkbox"/> Live Auction
<input type="checkbox"/> Fudge	<input type="checkbox"/> Santa’s Workshop	<input type="checkbox"/> Misc. Booths	<input type="checkbox"/> Hall Boutique	<input type="checkbox"/> Silent Auction

Entered into RE
Date: _____
Initials: _____
 TY Sent
Date: _____
Initials: _____

*The Carmelite Sisters reserve the right to decline a gift if it is not consistent with our mission or if unable to use or sell gift in a timely manner.
Revised 2/13/2020