



**Receipt of In-Kind Gift to
Society of St. Vincent de Paul, Atlanta**

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone () _____ **E-mail** _____

Description of In-Kind Gift:

Estimated Value of Gift \$ _____ **(Should be determined by donor.)**

Department that will receive gift: _____

Event: _____

Date gift was received: _____

Name of person completing form: _____

Date form was completed: _____

Please return this form to the Development Department of SVDP so that a letter can be generated for this contribution, or provide a copy of your acknowledgment to add to the In-Kind file.