

Gift-in-Kind Donation Form
Form must be filled out in full. Please print clearly.

Parish: _____

Donor Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____

Donation Envelope number: _____

Description of donation: _____

Purpose of donation:

☐ Office supplies ☐ Church supplies ☐ Repair and Maintenance ☐ Other

Signature of Donor: _____

Date received: _____

Received by: _____

Approval of priest: _____

Date of Approval: _____

Approval of PFC Chair: _____

Date of Approval: _____

Approval of AGM Finance Administrator:

Date of Approval:

**This form must be submitted to
the AGM Finance Administrator
by January 10 to receive a
charitable tax receipt.**

Donation
Received by: _____

Date of Reception: _____

Actual Receipt Attached ☐