



INKIND DONATION RECEIPT

DATE OF DONATION: _____ Are these items part of a donation drive? ☐ Yes ☐ No
NAME: _____ EMAIL: _____
COMPANY: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

DESCRIPTION OF DONATED ITEMS	VALUE	PROGRAM DISPOSITION
TOTAL DONOR'S VALUATION OF DONATION		

RECEIVED BY (Print): _____ SIGNATURE: _____

Thank you for SUPPORTING UMOM New Day Centers. Together we are breaking the cycle of homelessness!

UMOM New Day Centers ■ 3333 E. Van Buren Street ■ Phoenix, Arizona 85008

Phone: 602-275-7852 ■ www.umom.org

Please retain this form for tax purposes. The "fair market" value of items donated is tax-deductible, as allowed by law.

White – Donor Yellow – Development Office



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