

FOUR OAKS GIFT IN-KIND DONATION

Thank you for supporting the kids and families served by Four Oaks!

Please complete the information below.		
Date:		
Name:		
Organization:		
Address:		
City:	State:	Zip:
Phone: (H)(W	T)	(C)
Email:		
Description of Item(s):		
Donor's estimate of fair market value of i	of the donation is to be e	established by the donor and not the charitable
recipient. Dono	or may have items appra	ised if desired.
I am pleased to support the mission of Fou ☐ The area of greatest need ☐ P.	rogram:	
	(P	lease print name of program)
***This information is strictly confidential* ***Four O	***All gifts are tax dedu Daks is a 501(c)(3) corpo	

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