

In-Kind or Cash Donation

Thank you very much for making an in-kind or cash donation to YVEDDI. We value your support! This form will help us to properly record and acknowledge your generous gift.

Donor Name:			
Mailing Address:			
Phone Number:		Email Address:	
 For In-kind donations, For tangible items, ple 	Illowing item(s) to YVEDDI as please itemize time, services, and sase provide as much information as ated Value donated is your respons	specific activities if possible.	et IRA requirements.
1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
(Attach additional pages if neces	ssary)		
Estimated Value of the Donation: \$ Date of Donation:			
Cash \$	Ch	eck#	\$
Special instructions, if a	ny, including designated YVE	DDI program, if applicable:	
Community Services	Family Resource Center	Senior Centers of Excellence	Weatherization
Domestic Violence	Head Start	Automobile	Office Space
Meals on Wheels	Migrant Head Start	Land	Other
Elderly Nutrition	Legal	Yadkin Home Place	
RSVP	Transportation		
Signature of Donor		 Date	
Employee/Volunteer Signature		 Date	

YVEDDI **=** 336-367-7251 **=** www.yveddi.com
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