

DONATION INFORMATION FOR LETTER TO BE COMPLETED

For In-kind, Non-Cash, and Monetary Donations

Date Received:		
Donation received by: (P)	lease provide <u>yo</u>	our contact information if questions regarding the donation.)
Company/Agency (if appl	licable):	
Name of Person or Contac	ct at company/A	agency to address letter to:
Address:		
City/State/Zip:		
Amount of monetary (cas	h) donation \$	
In-Kind Donation		Value of In-kind donation \$
Non-Cash Donation Deta	<u>ils:</u>	
Quantity	Value \$	Description
Donation Program:		
 □ Admin/Support □ Children-Head Start □ Children-Imagination Station □ Day-Lake County □ Day-LaPorte County □ Employment 		 □ Residential-Lake County □ Residential-LaPorte County □ Therapy: □ Transportation-LaPorte County
☐ Events:		Date of event:
Letter will be completed information.	by designated	person for all donations and a copy given to person providing
Please email this form to:	accounts.receiv	vable@paladin.care.
If cash/check donation, pl	ease attach to th	e donation and give to accounting at Corporate Office.
Additional comments for	letter:	