



IN-KIND DONATION FORM  
Thank you for your support.

Please mail this completed form to:  
Christ Child Society of Atlanta  
PO Box 88705  
Atlanta, GA 30356

**Please PRINT all information clearly.**

DATE: \_\_\_\_\_

PERSONAL INFORMATION      **Tax receipt will be sent to this address.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

GOODS OR SERVICES DONATED

_____	Value: _____
_____	Value: _____
_____	Value: _____
_____	Value: _____
_____	Value: _____
_____	Value: _____

**Total Value:** \_\_\_\_\_

**Signature of Donor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

We thank you for your support.

Christ Child Society of Atlanta (CCSA)  
PO Box 88705  
Atlanta, GA 30356  
CCSA is a tax exempt 501(c)(3) nonprofit organization.  
EIN 31-1827166

Your gift is tax-deductible to the extent allowed by law.