



SAN FRANCISCO CHILD ABUSE
PREVENTION CENTER

Contributions of In-Kind Gifts
(Food, Toys, Equipment, etc.)

Date: _____

Name of staff person receiving gift: _____

Donor Name: _____

Donor Street Address: _____

Donor Phone: _____ Email: _____

Donations Received:

Description

Quantity

Donation Value (as estimated by Donor): \$ _____

Donor's Signature: _____