

Gift-in-Kind Receipt

Retain white copy for your personal records and return the yellow copy of this form to: Boys & Girls Aid, Cypress Branch Auxiliary; 9320 SW Barbur Blvd #200; Portland, OR 97219.

Donor Name:				
Address:				
City, State, Zip:				
Phone Number:				
Email Address:				
	-			
Please list item(s) donated:			Value*	
		Total	Value*	\$
	*It is the donor's	responsibility to pla	ce a mon	etary value on the donatio
Please include	all restrictions	, including expira	ation da	ate, if any:
Donations	may be deductil	received for your ole to the extent a	llowed b	y law.
Boys & Girls Aid is a 501				
For Official Use Only Crab & Rib Dinner		☐ Client Dinner	☐ Othe	er:
Items Received By:			Date:	
1				FY19.02