



**HEARTS
WITH-A
MISSION**

711 Medford Center, #334
Medford, Oregon 97504

Gift In-Kind Donation Form

DONOR INFORMATION:

Donor Name(s): _____

Contact Name (if different): _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email Address: _____

Would you like to receive a quarterly HWAM newsletter? YES NO

GIFT IN-KIND DONATION INFORMATION:

Donation Description (be specific): _____

Is this gift a memorial? YES NO If yes, for who? _____

Is donation a Gift Card(s): YES NO Total Amount: \$ _____

Receipts Provided? YES NO Total of Receipts: \$ _____

NON In-Kind Gift:

Check #: _____ Amount: \$ _____ -OR- Cash Amount: \$ _____

Donation Date: _____ Donor Signature: _____

* HWAM Tax ID #: 20-8678122

Received By (staff signature): _____ Date: _____

FOR HWAM USE ONLY:

Entered DS: ____/____/____ by: _____

Letter generated/sent: ____/____/____ by: _____

Hope & Compassion
at the only youth shelter in
Jackson County.