

1699 West Mound Street  
Columbus, OH 43223



Phone: (614) 278-3130  
www.lifecarealliance.org

- This form must be completed in its entirety, ideally **by the donor**.
- Value of donation is to be assigned **by the donor** only.
- Unless all **highlighted fields** are complete, please do not submit this form, as the donation cannot be processed.

LCA Office use only

Date entered: \_\_\_\_\_

Initials: \_\_\_\_\_

## Gift-in-Kind Donation Form

### Donor Information

**Donor:** \_\_\_\_\_

**Contact Name:** (if donor is business or organization) \_\_\_\_\_

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

**City, ST Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Donation Information

Please check one: ☐ Goods ☐ Service(s)

Qty \_\_\_\_\_

**Value**

**- Item:** \_\_\_\_\_ Units (cans, cases, pallets) \_\_\_\_\_

\$

**Description:** \_\_\_\_\_

Qty \_\_\_\_\_

**Value**

**- Item:** \_\_\_\_\_ Units (cans, cases, pallets) \_\_\_\_\_

\$

**Description:** \_\_\_\_\_

**Please direct my gift to (check one):**

☐ Central Ohio Diabetes Association

☐ LifeCare Alliance (general)

☐ Wellness Services

☐ Columbus Cancer Clinic

☐ Project OpenHand-Columbus

☐ Other

☐ Groceries-to-Go Pantry

☐ Senior Dining Centers

Define

☐ Help-at-Home

☐ Senior PetCare

☐ IMPACT Safety

☐ Meals-on-Wheels

### Notes/Comments

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

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

**LCA Rep Signature:** \_\_\_\_\_

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

*Thank you for your support of LifeCare Alliance.  
"Nourishing the Human Spirit"*

*No goods or services were received in exchange for this donation. Tax ID #31-4379494*