

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 _____

Item: _____ Units (cans,cases, pallets) _____ **Value** \$ _____

Description: _____

Item: _____ Qty _____ Units (cans,cases, pallets) _____ **Value** \$ _____

Description: _____

Please direct my gift to (check one):

<input type="checkbox"/> Central Ohio Diabetes Association	<input type="checkbox"/> LifeCare Alliance (general)	<input type="checkbox"/> Wellness Services
<input type="checkbox"/> Columbus Cancer Clinic	<input type="checkbox"/> Project OpenHand-Columbus	<input type="checkbox"/> Other
<input type="checkbox"/> Groceries-to-Go Pantry	<input type="checkbox"/> Senior Dining Centers	Define
<input type="checkbox"/> Help-at-Home	<input type="checkbox"/> Senior PetCare	
<input type="checkbox"/> IMPACT Safety	<input type="checkbox"/> 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