



In Kind Donation Summary Form

Donor Information

Date of Donation: _____

Donor Name: _____

Contact (if donor is an organization): _____

I/We would like to remain anonymous:

I/We do not wish to receive any mail from Cornerstones of Care:

Street Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Business Phone: _____

Email: _____

Donation Information

Description of Donation: _____

Donor Stated Value: \$ _____

Donor Signature: _____ Date: _____

Thank you for your donation. A tax receipt will be mailed to you shortly.

Cornerstones of Care's Tax ID is 43-1689138.

Staff Use Only

Donation Received By (Staff Name): _____

Date Received: _____ Campus or Location: _____

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Partnering for safe and healthy communities.

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