

Butler Collaborative for Families

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In-Kind Donation Statement

I, _____ have donated the following service(s) or item(s) to the Butler Collaborative for Families;

Item(s)/Service	Value	Date
Occupancy		
Food/Meal Supplies		
Support Staff Time		
Volunteer Time		
Equipment Usage		
Postage		
Mileage		
Other		
Total:		

Value to be determined solely by donor and not BCF

In-Kind contributions are limited to the value of goods or services the agency is contributing to the project from other resources. Discounted cost of services may not be included as in-kind donations or contributions.

Signature of Donor

Date

Donor Address

Thank you for your support!