

## **IN-KIND DONATION FORM**

<u>Services</u>	Business Name
Case Management	Name
Psychiatric Services	Address
Child Abuse and Early Intervention Services	CityState Zip
Older Adult Services	Email
Youth Enhancement Ser- vices	Date
Supported Employment	Description of Donation
Counseling	
Mentally III & Chemically Dependent Services	
Recovery	Donor Declared Value \$
Parent Education	Targeted Program
	Donor Signature
Karin Wagar, Exec. Asst. 360.236.7111 Olympia 3857 Martin Way E Olympia WA 98506 Phone (360)704-7170 (800)825-4820	Acknowledgement of receipt of gift BHR staff name
Fax (360)704-7182 Website www.bhr.org	BHR staff signature

Thank you for your support!