



IN-KIND DONATION FORM

Services

Case Management

Psychiatric
Services

Child Abuse and Early
Intervention Services

Older Adult
Services

Youth Enhancement Ser-
vices

Supported
Employment

Counseling

Mentally Ill &
Chemically
Dependent Services

Recovery

Parent Education

Desiree Fernandez

Exec. Asst. 360.480.4454

Olympia 3857 Martin Way E
Olympia WA 98506

Phone (360)704-7170
(800)825-4820

Fax (360)704-7182
Website www.bhr.org

Business Name _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

☐ Yes, I would like to receive occasional email updates about BHR's programs, including event invitations.

Date _____

Description of Donation _____

Donor Declared Value \$ _____

Targeted Program _____

Donor Signature _____

Acknowledgement of receipt of gift

BHR staff name _____

BHR staff signature _____

Thank you for your support!