



Easter Seals Eastern Pennsylvania

**IN KIND GIFT FORM**

---

**Thank you for your recent in-kind gift. In order for us to properly record your gift, please complete and return to the Development Department at the address noted below.**

**To be completed by donor**

Name of Donor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please describe the gift: (i.e. an electric wheel chair, toys)

Value of the Gift (donor needs to determine value): \_\_\_\_\_

***Thank you for remembering Easter Seals Eastern Pennsylvania!***

**To be completed by staff member receiving gift**

Date Received: \_\_\_\_\_

Staff member receiving gift: \_\_\_\_\_

Gift being used for: \_\_\_\_\_  
(GL Code)

**Easter Seals Eastern Pennsylvania**

Administrative Offices  
1501 Lehigh Street – Suite 201  
Allentown, PA 18103  
610.289.0114  
Fax 610.289.4282