

## Volunteer & Guest Services Donation Intake Form

Date \_\_\_\_\_ Receipt Attached (Please circle) **Y** **N**

Donor Name \_\_\_\_\_

Organization/or School \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

**\*\*\*Please note that receipt of purchase must be attached to receive credit**

Donation Category Please remember all items must be new	Details (Please place # of items next to each donated item)
Comfort Cart Items	__Puzzle Books __Playing Cards __Notebooks __Pens/Pencils __Coloring Books __Crayons (Boxes) __Colored Pencils __Washable Markers __Sleep Mask __Hairbrushes __Deodorant __Fans (w/batteries) __Hair Supplies __Other (Please comment) _____
Blankets	__No Sew __Purchased
Care Items	__Baby Dolls __Stuffed Animals __Squishy Toys __Fidget Toys
Gift Cards	__Amazon: Amount \$ _____ __Dollar Tree: Amount \$ _____
Staff Motivation Cart	__Pre-packaged Snacks (# of boxes/bags)
Cards for Patients/Residents	__# of cards made

**For Staff Use Only**

Received by: \_\_\_\_\_ Hours Given \_\_\_\_\_

Circle One: **Certificate** **Needs Thank You Card**