



**PEOPLE'S CITY  
MISSION** | EST. 1907

**GIFT IN-KIND RECEIPT**  
peoplescitymission.org

DATE \_\_\_\_\_

NAME OF DONOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Yes, I would you like to receive emails about Mission news, stories and events.

ITEMS DONATED \_\_\_\_\_

RECEIVED BY Tom \_\_\_\_\_

*Name of Staff or Volunteer*

**PLEASE NOTE:** your contribution is tax-deductible; however, we are not able to place a value on material donations. IRS places the responsibility for estimating the Fair Market Value upon the donor rather than the organization receiving the gift. We suggest that you attach an itemized list to this form for your records. No goods or services were received in return for the contributions.

ESTIMATED VALUE OF DONATION \_\_\_\_\_

**Thank you! We sincerely appreciate your generosity in giving  
this material donation so that others might benefit.**

MAIN FACILITY & SHELTER: 110 Q St. | Lincoln, NE 68508 | P: 402.475.1303  
HOMELESS PREVENTION CENTER: 2615 O St. | Lincoln, NE 68510 | P: 402.475.6888  
FREE MEDICAL CLINIC: 401 North 2nd St. | Lincoln, NE 68505 | P: 402.817.0980