



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

## GIFT IN-KIND RECEIPT

pcmlincoln.org

DATE \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Yes, I would 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

HELP CENTER: 6800 P St. | Lincoln, NE 68510 | P: 402.475.6888

FREE MEDICAL CLINIC: 401 North 2nd St. | Lincoln, NE 68505 | P: 402.817.0980