



In-Kind Donations and Meal Provider Donations Receipt

Please fill out all fields that apply to this donation

Donor's Name (please print): _____ Date: _____

Company: _____ Primary Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-Mail Address (please print clearly): _____

Description of Donation:

Estimated Monetary Value: \$ _____

Donation Received By: _____

Donation/Meal was provided for (circle all that apply): Men's Shelter Women's Shelter

Number of Volunteers preparing meal: _____ Hours of prep time: _____

Total Volunteer Hours for this Meal: _____

Rest is a 501 (c)(3) not-for-profit corporation.
All donations to REST are tax deductible to the extent permitted by the law.
Thank you for your support!



For Office Use Only Entered: _____ TY: _____

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