

**UNITY CHURCH OF TRAVERSE CITY
IN-KIND DONATION FORM**

(Please Print)

Name: _____

Date: ____ / ____ / ____

Address: _____

City/State/Zip: _____

I have donated the following items to Unity Church of Traverse City

ITEM	VALUE*
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total \$

Please attach a copy of the receipts if available.

Signature: _____

Date: ____ / ____ / ____

*Your contributions are tax deductible to the full extend allowed by law. Your donation will be included on your year end contribution statement.