



GIFT-IN-KIND RECEIPT

Please attach credit card receipt, if applicable.

Please check one:

Mr. Ms. Other: _____

Donor's Name _____

Company / Organization _____

Address _____

City, State, Zip _____

Phone (_____) _____

Please include area code.

Event being Supported _____

Item(s) Donated	Value designated by donor
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Donated by _____

Donor

Date

Received by _____

Provident Representative

Date

*Please return form to:
Provident, Development Department
2650 Olive Street
St. Louis, MO 63103*