

67 Springvale Road Croton-on-Hudson, New York 10520 914-739-6700 www.bethelwell.org

IN-KIND DONATION FORM

Description of Item (include qu	antities):	
Special restrictions or requeste	d use of gift:	
Individual donor or company na	ame:	
Name of person to be thanked:	·	
Organization		
Address:		
		Zip:
Phone:	email:	
Received by:	Bethel Div	vision:
DATE:		
Development Office use only:		
	Thank you note sent by	date