

## Charitable In-Kind Donation

PO Box 632 ♥ The	omasville NC 27361 ♥ 336.472.0625	♥ www.dctransitionalservices .org or dctsinc.org
Date:	Donor Co/ Name:	
Email:	Phone: (	)
Address with Zip	Code:	
Donation Descrip	tion:	
Was this a group	effort? Yes No Grou	up name
Donor signature: Please send me		Donation Value \$
□ A mailed recei	ot for this donation	
Or you can help cut costs and let us send		
Or  ☐ No thanks, no  Thank you for yo  Services & Consul education, and re regardless of one	ting Agency that "Help People Read ferral services by connecting them 's socioeconomic status. <b>Without y</b>	sitional Services, Inc. aka DCTS is a nonprofit Human th Individual Success Everyday [R.I.S.E.] through consulting, to a collaborative support network in times of transition our support, we could not sustain our services!
*By law, I	Davidson County Transitional Service	es Inc. cannot place a value on any in-kind donation.
services were pro County Transition	vided in exchange for this donation	nty Transitional Services, Inc. certifies that no goods or . Please retain this document for tax purposes. Davidson an including an including an including services. The colors of the colors. Thank you for your support.
Date		Gilina and an accounting with IDC)
ENERT 44	be signed by representative of DCTS if	