

In Kind Donation Form



WEST HILLS
CHRISTIAN SCHOOL

Please submit this form to:
West Hills Christian School
7945 Southwest Capitol Hill Rd
Portland, Oregon 97219
Fax 503.245.4780

Thank you for partnering with us to provide an exceptional Christian Education!

Sections marked (*) are required information.

This information will be used to record contributions, prepare acknowledgement letters and listings, and describe contributions for reporting purposes.

DONOR INFORMATION:

*Donor Name: _____

*Address: _____ *City/ST/Zip _____

Phone: _____ Email: _____

Business: _____

*Donor Signature: _____ *Date: ___/___/___

*CONTRIBUTION INFORMATION:

Please list items individually, including quantity, make and model. Attach additional sheets as needed.

*Donor Stated Value: \$ _____ (In accordance with IRS code, West Hills Christian School is unable to determine the value of in-kind contributions.)

*WHCS REPRESENTATIVE INFORMATION:

Name: _____ Phone: _____ Email: _____

Date Gift Received: _____ To be used for: _____

West Hills Christian School Tax Id # 93-0391643