



## Thank you for your contribution to The Community Health Center of Burlington

To thank you for your contribution, we would like to send you a letter to acknowledge your gift and add you to our donor database.

Please take a moment to fill out the following information

### In-Kind Donation Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
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Telephone number: \_\_\_\_\_

Donated item(s) (generally, you do not have to list each individual item, for example: soap samples, winter clothes, mittens): \_\_\_\_\_  
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Again, thank you for your gift. We publish the names of our donors in our newsletter. By signing this release, you agree to have your name published and receive Health Center mailings for events and information. If you do not wish to receive mailings or have your name published, please check the options below.

Donor Signature: \_\_\_\_\_

Please do not publish my name

Please do not put me on the Health Center mailing list

Please feel free to take this form with you and mail it back to us at:

The Community Health Center of Burlington  
617 Riverside Avenue  
Burlington, VT 05401  
attn: In-Kind Donations