



ST. DOMINIC VILLAGE
A Senior Care Community

IN KIND DONATION FORM

Date: _____

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone: _____ - _____ - _____

Email: _____

Gift
Description: _____

Condition: _____

Market Value: _____

Signature: _____

Accepted by: _____