



ASCEND

MENTAL WELLNESS

In-Kind Donation Form

If donating more than one type of item, please use separate forms.

Date: _____

Donor: _____

Organization (If Applicable): _____

Mailing Address: _____

Phone: () _____ Email: _____

Description of Donation:

Estimated Total Fair Market Value: \$ _____

Gift Intended for which Department: Support Services Care Management

Restorative Residential Supportive Housing Caleo Counseling

We like to acknowledge our donors and their donations through social media to thank them for their support. Do you agree that ASCEND Mental Wellness may acknowledge you and your donation via social media? *(Please initial next to your answer).*

_____ YES _____ NO

Contributions made to ASCEND Mental Wellness a 501(c)3 non-profit organization, are tax-deductible to the extent that allows by the law. All in-kind donations of \$250 or more value will receive a receipt of acknowledgment.