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**Donor Inventory Form**

Kindly complete the following information and list all donated items below. Contributions of goods are deductible for income tax purposes to the extent allowed by the law. **This is the only receipt you will receive. Please be sure to retain for tax records.**

While our motto is "Gap to Gucci “, we graciously ask that you sort your donations with that in mind, and only donate ***clean items in pristine condition***. Please note, we no longer accept: Used Children's Clothing and Used Toys, Books (except coffee table books), Desktop Computers (laptops are fine), Furniture, Pajamas, Socks (worn), Strollers (used), Stuffed Animals (used), Suits (men's and women's), Decorative Pillows, Bed Linens, Blankets, Quilts, Towels, Undergarments (except bras in great to new condition and unused pantyhose), Wedding Gowns.

**Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Please print clearly

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apt# \_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Description (Designer / Brand)** | **Quantity** | **Condition**  **(Employee use only)** | **Internal Use Only**  **(Value)** |
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**Hearts of Gold Inc. (HoG) is a not-for-profit organization under section 501(c)3 of the Internal Revenue Code. All donations and contributions to HoG are tax-deductible within the limits prescribed by the law. Tax ID # furnished upon request.**

Donor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_