



# DONATION-IN-KIND FORM

## Donor Details

### Personal Donation

Name: Dr / Mdm / Mr / Mrs / Ms .....

Address: ..... Postal Code: .....

Telephone: (H) ..... (HP) ..... (Office) .....

Email Address: .....

### Corporate Donation

Company Name: ..... \*UEN No:.....

Contact Person/Designation: .....

Telephone: (Office) ..... (HP) ..... Email Address: .....

Company Address: ..... Postal Code: .....

**Items Donated:** *(please indicate item & quantity)*

**Purchase Value:** ..... **Current/Depreciated Value:** *(please indicate item & quantity)* .....

**No. of Years Used:** *(please indicate item & quantity)* .....

I understand once donation-in-kind items are accepted, it becomes the property of Canossaville Children & Community Services (Canossaville). I give them the right to use, distribute items to Canossaville beneficiary or transfer to an external party.

## Disclosure Consent

I agree that Canossaville Children & Community Services (Canossaville) may collect, use, disclose and/or process my personal data provided in this form in order to process, administer, facilitate, maintain and/or manage my relationship with Canossaville as a donor, including for communications and publicity on Canossaville's activities, programmes and services; donation requests and making disclosures required by law or by a competent authority.

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

**Thank you for your kind donation! An acknowledgement letter will be sent to you.**

## For Office Use

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

Acknowledged By: \_\_\_\_\_  
*(staff name & signature)*