

T&E CARE SCHOOL SUPPLY DRIVE DONATION CHECK-LIST

Please fill out this form and send it to us by email (a picture or scanned works) to schoolsupplies@tecare.org.

Donor Name _____

Address _____

Phone number _____ Email _____

TOTAL value of all gift cards, if any, donated \$ _____

TOTAL (approximate) cost of all items donations (excluding gift cards) on this form \$ _____

Donation:

Gift cards (list each one by store and value) (ie: 5@\$25 to Target)

Supplies:

Please list the item(s) and quantity donated

Description: _____ Qty _____

Description: _____ Qty _____

Description: _____ Qty _____

Description: _____ Qty _____

Description: _____ Qty _____

Description: _____ Qty _____

To the best of my ability, I state that the information above is accurate.

Signature _____ Date _____

PLEASE NOTE: Keep all receipts for items purchased with your tax records. The donor is responsible for determining the value of all non-cash/gift card donations. If you have any questions, please contact us at schoolsupplies@tecare.org.