



2012-2014 RSVP SITE IN-KIND CONTRIBUTION



IN-KIND DONOR INFORMATION

Contact Person: _____

Site Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Type of Org. _____

IN KIND CONTRIBUTION

Category:

_____ number of meals at \$ _____ each Total Value: \$ _____

_____ days of parking at \$ _____ each Total Value: \$ _____

_____ numbers of uniforms at \$ _____ each Total Value: \$ _____

_____ number of miles at \$ _____ per mile Total Value: \$ _____

_____ number of _____ at \$ _____ Total Value: \$ _____

_____ number of _____ at \$ _____ Total Value: \$ _____

_____ number of _____ at \$ _____ Total Value: \$ _____

I certify that the in-kind donation(s) are not funded by Federal funds.

Authorized Donor's Name _____

Authorized Donor's Signature _____

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Phone#: 856-663-4773
Fax#: 856-663-5621
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