

Hospice Care Plus, Inc.

DONATED GOODS

Date _____
 Donor's Name _____ Address _____
 City/State/Zip _____ Phone _____

Item	Condition ♦	Qty.	Approx. Value ★	Hospice Inv. Cost ▲
_____	N VG G F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
Total:			_____	_____

- ♦ Condition: N = New; VG = Very Good; G = Good; F = Fair
- ★ Approximate Value is the value placed by donor
- ▲ Hospice Inventory Cost is the value assigned by Development Coordinator

Person Receiving Goods _____

Development Coordinator's Signature _____ Date _____

Your donation has a fair market value of \$ _____. This amount can be considered a tax deductible charitable contribution. Please keep this form for your records.