



# Center for Human Services Item Procurement Form

*Building a stronger community, one family at a time.*

Tax ID 23-7082323

|                        |
|------------------------|
| Item #                 |
| Date<br>____/____/____ |

| DONOR INFORMATION  | DONATED ITEM INFORMATION  |
|--|---|
| Donor Name<br>(Person or Firm): _____<br><br>Address: _____<br><br>City, ST & Zip: _____<br><br>Phone: _____<br>Fax: _____<br>Email: _____<br><br>Donor<br>Signature: _____<br>Printed Donor<br>Name: _____<br>Date: _____ | Brief<br>Description: _____<br><br>Value: \$ _____<br><br>Limitations: _____<br>_____<br><b>Contact for Arrangements (if different from donor)</b><br>Name: _____<br>Address: _____<br>Daytime Phone: _____<br><br>Email: _____<br>Item Procured<br>by: _____ |

**ITEM DESCRIPTION FOR CATALOG (Describe donation in detail as in an advertisement for this item).**

## PROCUREMENT INFORMATION

### TANGIBLE ITEM

(Other than Tickets, Coupons Certificate)

- Item is enclosed
- Item needs to be picked up
- Item will be delivered by donor
- Item will be delivered by CHS contact

### TICKETS / CERTIFICATE / COUPONS

- Tickets, certificates, coupons enclosed
- Menu, brochure or picture for display enclosed
- I would like CHS to make a certificate

Please keep a copy of this form for your records and forward the original to your CHS contact or

MAIL TO:  
**Center for Human Services**  
 17018 – 15<sup>th</sup> Ave NE  
 Shoreline, WA 98155

**MAKE A RESERVATION...GIVE A GIFT...BE THE DIFFERENCE!**

**IRS Statement: This form certifies the Donor has received nothing of value in exchange for this donation.**

**Thank you for your support!**