



britepaths

guiding families
to a brighter future

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Donor NAME/ CONTACT PERSON: _____

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DONATION	QUANTITY/DESCRIPTION	VALUE
CASH/CHECK	Specify Program (if applicable):	
GOODS	<input type="checkbox"/> Food <input type="checkbox"/> Toiletries <input type="checkbox"/> Cleaning Supplies <input type="checkbox"/> Baby Items <input type="checkbox"/> Backpacks <input type="checkbox"/> Holiday Gifts <input type="checkbox"/> Holiday Food	
GIFT CARD(s)	Store Name: _____ Qty: _____ amount: \$ _____ Store Name: _____ Qty: _____ amount: \$ _____ Store Name: _____ Qty: _____ amount: \$ _____ Store Name: _____ Qty: _____ amount: \$ _____ Store Name: _____ Qty: _____ amount: \$ _____ Store Name: _____ Qty: _____ amount: \$ _____	
PROFESSIONAL SERVICES	<input type="checkbox"/> Photography <input type="checkbox"/> Financial Advising <input type="checkbox"/> Entertainment <input type="checkbox"/> Legal Services <input type="checkbox"/> Consulting <input type="checkbox"/> Printing <input type="checkbox"/> Other _____ <input type="checkbox"/> Hours _____	
OTHER		

TOTAL: \$ _____