

# Lauralton Hall

## GIFT IN KIND RECORD OF DONATION

DONOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

Donor Signature: \_\_\_\_\_

DONATION: \_\_\_\_\_  
\_\_\_\_\_

VALUE \_\_\_\_\_ Please attach receipt or clipping to denote value  
whenever possible.

**Thank you!**

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**Office Use Only:**

Date Received: \_\_\_\_\_

Disposition of Donation: \_\_\_\_\_  
\_\_\_\_\_