



Charitable In-kind Donation

Date: _____

Donor: _____

(email)

(phone)

(street address)

(city, state, zip)

Donation description:

Was this a group effort? Yes _____ No _____ Group name _____

I _____ value the donation at \$ _____
(donor signature)

I am interested in:

- A mailed receipt for this donation.
- Learning about volunteer opportunities at DVPI.
- Receiving newsletters and event promotions.

Thank you for your donation! Domestic Violence Project, Inc. or DVPI is a private, non-profit organization that was established in 1978. The organization provides a safety net for those affected by domestic violence. Services include emergency shelter, legal advocacy, counseling, drug and alcohol treatment programming, education and prevention services for victims, their children, and the community. Services are offered, regardless of ability to pay, and are provided in an atmosphere of respect, dignity, cultural sensitivity and confidentiality. **Without your support, we could not sustain our services.**

Sincerely,

(DVPI representative)

Jessica Kincaid, Coordinator
Marketing & Development Department
330.445.2005
jessicak@dvpi.org

***By law, Domestic Violence Project Inc. cannot place a value on any in-kind donation.**

In accordance with IRS gift guidelines, Domestic Violence Project, Inc. certifies that no goods or services were provided in exchange for this donation. Please retain this document for tax purposes. Domestic Violence Project, Inc. is a tax-exempt organization as defined under section 501 (c) (3) of the Internal Revenue Code and is registered in Ohio. Thank you for your support.

PO Box 9459 ♥ Canton, OH 44711 ♥ 330.453.SAFE ♥ WWW.DVPI.ORG

Attachment DP2 /3/3/2011