

**MAINSTAY**  
133 5<sup>th</sup> Avenue West  
HENDERSONVILLE, NC 28792  
(828) 693-3840

ACCEPTANCE OF DONATED GOODS OR SERVICES

Received By: \_\_\_\_\_

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

Program: \_\_\_\_\_

**PLEASE PRINT OR WRITE CLEARLY**

Donor or  
Group Name: \_\_\_\_\_

If Group, Please  
include the  
Contact Person: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Description of articles or services donated:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If donor needs a receipt to be mailed, check "receipt needed". A post card receipt will be mailed to at a later date.

**Receipt needed:** \_\_\_\_\_

Thank You!