



Girl Scout Council of the Southern Appalachians, Inc.

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GIFT-IN-KIND ACKNOWLEDGMENT

DONOR: _____

(Name of Contact Person if a Business)

ADDRESS: _____

Street Address

City

State

Zip Code

DATE: _____ PHONE: _____

DESCRIPTION OF ITEM(S)/SERVICE(S) DONATED: .

UNLESS OTHERWISE NOTED ALL GIFTS WILL BE USED FOR THE BENEFIT OF:

GIRL SCOUT COUNCIL OF THE SOUTHERN APPALACHIANS

I would like my gift to support: Troop Number _____ or Service Unit Number _____

DOLLAR VALUE OF ITEMS OR SERVICE: \$ _____

(Due to IRS regulations, the donor must state a value.)

THANK YOU FOR YOUR GIFT!

May we publicly acknowledge your gift? _____ YES _____ NO

Please retain a copy for your records and return a copy to the Council.



Community Partner