

**Hope's Door**  
**Contribution Form – Donated Goods and Related Volunteer Time**

PO BOX 262  
 50 BROADWAY  
 HAWTHORNE, NY 10532  
 WEBSITE WWW.HOPESDOORNY.ORG

PHONE: (914) 747-0828  
 FAX: (914) 747-3825

PLEASE RETURN FORM TO  
 TAMI SHIMKIN  
[TSHIMKIN@HOPESDOORNY.ORG](mailto:TSHIMKIN@HOPESDOORNY.ORG)

*This Contribution Form is needed to ensure that we accurately account for all donations of goods and related volunteer time to our organization. Thank you for your contribution and for your assistance in filling out this form.*

<b>Organization, Affiliation, Company:</b>			
<b>Contact Name:</b>	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____		
<b>Mailing Address:</b>	<b>PO BOX:</b>		
<b>City/State/Zip:</b>			
<b>Phone</b>	Home (    )	Business (    )	
<b>Email address:</b>			

Donated Goods or Services

Donated Time – Volunteer Service Hours	# of Hours
(Note: Volunteer Time is required as a match for one of our major government grants.)	
Did you or anyone else volunteer time to make this donation possible? If yes: ____ (# of people donating time) x ____ (average # of hours donated per person) =	

<b>Staff Only – Please Fill in Below:</b>	
<b>*Contribution Date:</b>	<b>Date Thank You Letter Sent:</b> _____ <b>By:</b> _____
<b>*Received by:</b>	<b>Date of Database Input:</b> _____ <b>By:</b> _____

**STAFF: Donation Procedure for Goods and/or Volunteer Time**

1. If you accept any donations, please have the donor fill out the above form.
2. If donor doesn't have the time to fill out form, ask them to mail it back to Tami.
3. Place donations on or next to credenza in the reception area.
4. Enter Your Name and the Contribution Date in the space at the bottom of the form.
5. Original form to Donations box at mail center at Administration Office