



STRIDE Community Health Center In-Kind Contribution Tracking Form

Your support will provide healthcare and related services to thousands of Coloradans in need.

DONATION INFORMATION (ONLY ONE ITEM PER FORM PLEASE)

Actual Item Gift Card or Certificate Fair Market Value : \$ _____

Description : (Describe item being donated and quantity and intended purpose)

Detailed Information on Specific Program and Department that will Receive the Donation and the Number of Patients or Clients who Received the Donation and the Date Received.

Community Service Clinic (Name) Development Other
 _____ _____

DONOR INFORMATION

Donor Name / Business Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Fax: _____ Email Address: _____

Donor Signature: _____ Date: _____

PICK UP / DELIVERY INFORMATION

Actual Item

- Donor will deliver or mail item
- Please schedule a volunteer or staff to pick up item

Gift Card or Certificate

- Donor will deliver or mail
- Other _____

Mail / Deliver in-kind donation to: _____

STRIDE CHC
ATTN: Donations
2255 S. Oneida St.
Denver, CO 80224
303-761-1977

State Tax ID # 98-08058-0000
Federal Tax ID # 74-2477108