



The Baby Fold In-Kind Donation. Christmas Wish List

Date Received: _____

Organization: _____
(If Applicable)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Description of Items: _____

Would you like a tax-letter for your donation? (if yes, please attach receipts) Yes _____ No _____

Approximate Value: _____ Receipt(s) Attached: Yes _____ No _____



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