


Gifts-in-Kind provided to:

Given by:

 <p>Good Shepherd Lutheran Church 1700 N. Towne Avenue Claremont, CA 91711 (909) 626-2714</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City, St., Zip: _____</p>
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DATE	DESCRIPTION of GIFT	VALUE
TOTAL		\$ -

Ministry/Program:		
Completed by:	Date:	
Authorized by:	Date:	

Top half to Financial Secretary with receipts attached. Bottom half to Donor.

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