



## In Kind Donation Form FY25

Date                    /                    /

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First & Last Name

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Organization & Title

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Phone

Address

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Email

City, State, Zip code

Description of Donation

*(Example: 2 boxes of books; 1 bag of clothes)*

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**Why did you select Little Flower for your donation?**

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**Value (\*Required\*- *It is the responsibility of the donor to establish the value of the donation for charitable deduction purposes*)**

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Donation Expiration Date (if any)

*Little Flower Children and Family Services of New York and St. John's Residence for Boys is a 501(c)3 nonprofit organization. All contributions are tax deductible to the extent provided by law.*

*All donors may request substantiation of contributions for tax records within 30 days of donation or event.*

**For acknowledgements or questions regarding your donation, please contact:**

**Andrea Borra, Development Manager**

**631.929.6200 x6923 / [borraa@lfchild.org](mailto:borraa@lfchild.org)**

**Thank you for Transforming Caring Into Action!**