



CHARITABLE NON-CASH  
CONTRIBUTION ACKNOWLEDGEMENT

Thank you for your donation. Your support enables FACETS to open doors for men, women and children in need by offering programs and services—supportive housing, emergency assistance for basic needs, educational programs, eviction prevention services, medical outreach, and case management—to prevent and end homelessness and break the cycle of poverty in Fairfax County, Virginia.

Date of Contribution \_\_\_\_\_

Donor Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Value of Contribution \$ \_\_\_\_\_ (fair market value of goods, services or facilities)

Goods; Please check all that apply:

- Non-Perishable Food / Beverages
- Baby Items (Including Clothes)
- Toiletries
- Household Items or Cleaning Supplies
- Back to School Drive
- Thanksgiving Holiday Food Drive
- December Holiday Food Drive
- December Holiday Gift Drive
- Gift Cards # of cards \_\_\_\_\_ Name of Store(s) \_\_\_\_\_
- Other \_\_\_\_\_

Volunteer Hours \_\_\_\_\_ (number of hours) \_\_\_\_\_ (describe)

Professional Services \_\_\_\_\_ (number of hours) \_\_\_\_\_ (describe)

Facility Use \_\_\_\_\_ (describe)

Received for FACETS by \_\_\_\_\_

**Please retain this receipt for your records.  
For tax purposes, no goods or services were provided in consideration for this contribution.  
FACETS is not responsible for the valuation of goods or services.**

**For Office Use Only**

Notes \_\_\_\_\_

RE ID# \_\_\_\_\_ DONOR TYPE \_\_\_\_\_ APPEAL \_\_\_\_\_

Fund ID PSH G&A FR ECD ES ALL ON-CALL MOTELS

HYPO SINGLES OUTREACH FAMILIES OUTREACH MEDICAL INITIALS \_\_\_\_\_