

**Washington County Democratic Central Committee
In – Kind Donation Form**

Name: _____

Date: _____

Mailing address : _____

Contact info: Phone # or e-mail address: _____

Employment info:

Occupation _____

Employer Name _____

Employer City & State _____

Item Donated	Date of Donation	Value of Item	Receipt Attached Yes or No
Total Value			

Signature of person donating item

Instructions:

- This form is required for all items donated to the party.
- All forms must include the original copy of the receipt.
- All forms must be completed within 21 days of the donation.