

Quilts for Kids

Donation documentation for Four Corners Child Advocacy Center

Date _____

Donor Name _____

Address _____

City _____ State _____

Phone _____ Email _____

Description of Quilt _____

Size _____

Estimated time to make _____ hrs. X \$17/hr. = _____

Total cost labor and materials - \$ _____

Keep this portion for your records

Date _____

Value of quilt donated \$ _____

Donor _____

The Four Corners Child Advocacy Center is a 501c3 ID #84-1212945

