

Record of Gifts & Appreciation

Please complete this form and return it to the Appreciation Team Leader as soon as possible so we may say "thank you."

Contribution Date: _____

Contributor's name: _____

Organization: _____

Address: _____

City: _____ State: _____

Email: _____

Describe the contribution with as much detail as possible. Photos, or copies of drawings, original documents, proposals,

If additional space is needed, please continue on back

Estimated hours of service provided: _____

Full Value of Gift _____ Our Cost: _____

APPRECIATION TEAM LEADER - please indicate appropriate means of appreciation

- | | |
|--|--|
| <input type="checkbox"/> Send Thank You note | <input type="checkbox"/> Church staff _____ |
| <input type="checkbox"/> Send stage-1 letter | <input type="checkbox"/> Deacon staff _____ |
| <input type="checkbox"/> Send stage-2 letter | <input type="checkbox"/> School staff _____ |
| <input type="checkbox"/> Send stage-3 letter | <input type="checkbox"/> School parent/student _____ |
| <input type="checkbox"/> Send photo | <input type="checkbox"/> School class/grade _____ |
| <input type="checkbox"/> Send small gift(\$____) | <input type="checkbox"/> BTF member _____ |
| <input type="checkbox"/> Thank you in bulletin | <input type="checkbox"/> Church member _____ |

Family Adult Teen Child