



**ODYSSEY HOUSE** LOUISIANA

*Empowering People to Conquer Addiction*

# In-Kind Donation Form

**Thank you for supporting Odyssey House Louisiana!**

*Your gift will be used by Odyssey House Louisiana to help us achieve our mission of empowering people to conquer addiction.*

## Donor Information

Name of Donor: \_\_\_\_\_

Contact Name (if donor is a business): \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

For recognition purposes, please list me/my business as: \_\_\_\_\_

I wish to remain anonymous in all published materials.

## Donation Information

Detailed Description of Item Donated (please be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Odyssey House Louisiana is a non-profit organization and our Federal Tax Identification number is 72-0743677. You will receive a letter from Odyssey House Louisiana, thanking you for donating the item listed above, which may be deductible as a charitable donation as determined by the Internal Revenue Service. According to IRS guidelines, it is the donor's responsibility to determine the fair market value of item donated. Your estimated value below will help us recognize your gift appropriately.*

Estimated Value of Donated Item: \$ \_\_\_\_\_ Date of Donation: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_

The above item was received on \_\_\_\_\_ (date) by the following OHL representative:

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

# Thank you!

Please return this completed form to:  
Odyssey House Louisiana Development Office  
ATTN: Ann Tucker  
1125 North Tonti Street  
New Orleans, LA 70119  
Phone: 504-821-9211, ext. 7808  
Email: atucker@ohlinc.org