

SAINT MATTHEW'S EPISCOPAL CHURCH

IN KIND DONATION VOUCHER (NON-CASH)

Purchase Date: _____

Today's Date: _____

Total Cost: _____

Item or items purchased or supplied (check all that apply):

Community:

_____ Parish meals, gatherings, etc.

_____ Helping Hand

Reverence:

_____ Flowers

Outreach

_____ LINK, assistance to people, etc.

Spiritual Formation:

_____ Educational materials

_____ Sunday School

_____ Vacation Bible School

_____ Youth group

_____ WATCH and Lenten suppers

General and Administrative:

_____ Building repair

_____ Cleaning supplies

_____ Office supplies

_____ Postage

Other: _____

Please provide a brief description of the item or items purchased or supplied, and attach receipts:

Name (please print): _____

Phone: _____

Signature: _____

Form Date: June 2006

FOR OFFICE USE ONLY

	Signatures	Date
Vestry Liaison:		
Teller:		
Treasurer:		