



REIMBURSEMENT/IN-KIND GIVING FORM

(Please write legibly)

Name _____

Mailing Address _____

Daytime Phone _____ Email _____

Gathering for which you are requesting reimbursement or in-kind giving _____

CWACM values the investment of time and money to attend our gatherings. Tracking in-kind giving is information we proudly share with our funders. It is one measure of the commitment to building community and embodying Our Work.

Thank you for taking a moment to fill in this form for reimbursement and/or in-kind giving.

Activity: flight, food, taxi, lodging etc.	date of activity	amount

Please attach copies of all receipts to this form.

TOTAL \$_____ to be reimbursed

TOTAL \$_____ in-kind donation

CWACM is a 501 (3) (c) corporation and donations are tax deductible to the full extent allowed by law.

Please fill in the fields, save the form on your computer, and email the completed form and receipts to justchurch@cwac.us.

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