



CURRENT NEEDS LIST

Items of Greatest Need	Quantity Needed
Bottled water - unflavored, any brand	1 (24-pack)
Paper towels - any brand Napkins – any brand	Paper Towels – 1 (8-pk) Napkins – 1 package
Storage/freezer bags – quart or gallon size with slide/zip lock closure (clear only) Sandwich bags – any brand (clear only)	1 box of each
Crockpot liners	1 package
Peanut butter crackers and cheese crackers - Ritz, Keebler, etc.	1 box of singles
Large box of singles bags of Lay's potato chips, Fritos, Sun chips, pretzels, Chex mix, etc. <i>(Please buy the box of singles and not one large bag of chips, which can get crushed)</i>	1 box of singles
Bear Creek Soup Mix - Potato, Chicken Noodle, Wild Rice, Minestrone, Broccoli Cheddar <i>(Can be found at Hy-Vee)</i>	1 package
Packaged food items - brownie mix, packaged cookies or muffins, microwave popcorn	1 package
Hot chocolate mix, bottled water flavoring – single serving packets	1 box
Laundry detergent pods and dryer sheets - any brand	1 container
Dishwashing detergent - any brand, liquid or powder (no pods)	1 container
Liquid dishwashing soap - for hand washing dishes – any brand	1 bottle
Aluminum foil Glad/Saran Wrap	1 box
Dessert sized paper plates	1 package
Plastic cutlery – forks, spoons, knives	1 box of each
Chinet "Comfort Cup" disposable cups with lids	1 package
Air freshener spray - Glade, Febreze, etc.	1 can
Body wash - Olay, Caress, or Suave - fragrance suitable for men or women	1 squeeze bottle
Body lotion - Olay, Caress, or Suave - fragrance suitable for men or women	1 pump bottle
Hair combs - various sizes	1 package
Color coding labels - Avery #112862, 3/4", color green, yellow, or red, removable	1 package
Fleece fabric - NEW fleece only, any width, colors and patterns suitable for adult males or females	2 yards in length

In-Kind Value Form

Name:	
Primary Contact:	
Address:	
City, State, Zip:	
Phone:	Email:

Item Donated:

Value of Item:

Good Faith, Fair Market Value as estimated by donor, Tax Information (required)

To Support: ***Hospice House***

Non-Cash Donation Description

*I understand that the fair market value of my contribution may be tax deductible as allowed by law, and that I should consult my tax advisor regarding special conditions of my gift. Further, I understand that all proceeds generated as a result of my gift will benefit the Olathe Health Charitable Foundation. In-kind gift items cannot be accepted by OHCF without a completed form. **Please keep a copy of this form as a receipt for your charitable contribution.***

Donor Signature:

Date:

THANK YOU!

If you would like a letter of receipt, please

return this form to

Olathe Health Charitable Foundation

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