



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
Laundry detergent pods - any brand	1 tub
Cascade Platinum Dishwasher Pods	1 container
Slow Cooker Liners	1 package
Peanut butter cracker and cheese cracker packs - Ritz, Keebler, etc.	1 box of singles
Individually packaged snack items – trail mix, muffins, microwave popcorn, cookies, potato chips, candies/chocolate.	1 package
Individual packets of instant oatmeal, any flavor	1 box
Individual coffee creamers – French Vanilla, Hazelnut, etc.	1 box
Tea Bags, assorted flavors	1 box
Pop Ice Freezer pops, assorted flavors	1 box
Bear Creek Soup Mix - Potato, Chicken Noodle, Wild Rice, Minestrone, Broccoli Cheddar <i>(Can be found at Hy-Vee)</i>	1 package
Hot chocolate mix, bottled water flavoring – single serving packets	1 box
Storage/freezer bags – quart or gallon size with slide/zip lock closure (clear only) Sandwich bags – with slide/zip lock closure (clear only) Snack bags – with slide/zip lock closure (clear only)	1 package
Aluminum foil Glad/Saran Wrap Parchment Paper/Wax Paper	1 box
Dessert and dinner sized paper plates	1 package, 40+
Plastic cutlery – forks, spoons, knives	1 box of each
Chinet "Comfort Cup" disposable cups with lids for hot drinks Solo Cups for cold drinks	1 package
Air freshener spray - Glade, Febreze, etc.	1 can
Hair combs - various sizes	1 package
Fleece fabric - NEW fleece only, any width, colors and patterns suitable for adult males or females	Any width 1 ½ yards in length

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

Item(s) Donated

Value of Item

Good Faith, Fair Market Value as estimated by donor

To Support:

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 items donated will support Olathe Health.

Please bring this form along with your in-kind donation and keep a copy of this form as a receipt for your charitable contribution.

Donor Signature:

Date:

THANK YOU!

Please return to
Olathe Health Charitable Foundation
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