



## COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH

### IN-KIND CONTRIBUTION FORM

PLEASE RETURN THIS FORM WITH YOUR EXPENSE FORM

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Please consider making a donation to CCPH in the form of partial or full payment for your travel expenses. This contribution is tax-deductible to the extent allowable by law and will be recognized as a cash donation. CCPH's federal tax identification number is 94-3285533

To donate partial or full payment for your travel expenses, please take the following steps:

1. Complete the attached Travel Expense Form - please include receipts for all expenses whether you will be seeking reimbursement for from or donating an amount to CCPH. (*Without receipts we will be unable to issue a letter recognizing donations for your tax purposes.*)
2. Indicate the total dollar amount of the **reimbursement**: \_\_\_\_\_ and of the **donation**: \_\_\_\_\_
3. Fill in the information below. Sign and date this form.
4. Mail your completed Travel Expense Form and this page to:  
Annika Robbins, CCPH, UW Box 354809, Seattle, WA 98195-4809. **THANK YOU!**

**Your name:** \_\_\_\_\_

**Address, city, state, zip:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

