

The Senior Companion Program  
Benjamin Rose Institute on Aging

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**Volunteer Station In-Kind Contribution Form**

Date of Contribution	Description of Contributed Item(s) or Service	Purpose for Which Contribution Was Made	Real or Approximate Value of Contribution	Was Contribution Obtained with or Supported by Federal Funds? (If so, indicate source)	SCP Office Only Income Cost Center	SCP Office Only Expense Cost Center

Name of Contributing Organization/Agency/Business/Individual: \_\_\_\_\_

Address of Above Contributor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Printed/Typed Name of Contributor's Authorized Signee: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of SCP Project Director: \_\_\_\_\_ Date: \_\_\_\_\_