## **IN-KIND CONTRIBUTION REPORTING FORM**

Organization Name & Ac	ldress
Purpose of Expense:	
Date Paid:	Amount Pd:
Paid To: Name and Addr	ess
	tizens to Support MI Women & Children D Box 901, Grand Rapids, MI 49509 2/24/22
<u>IN-KIND CO</u>	NTRIBUTION REPORTING FORM
Organization Name & Ac	ldress
Purpose of Expense:	
Date Paid:	Amount Pd:
Paid To: Name and Addr	ess
	<del></del>
Please send form to: Ci	tizens to Support MI Women & Children

PO Box 901, Grand Rapids, MI 49509<sub>2/24/22</sub>