



THE WELLNESS CENTER

Rice cookers
Piano tuning
Games in Spanish
Wellness Books in Spanish
Arts and Crafts materials
Rug Shampooer
Ceramic mugs for coffee
2 AA Big Books Large print

VETERANS TRANSITIONAL HOUSING PROGRAM—Wish List

A Van
\$500 Feeds the Vets per month
10-6 packs of heavy socks
10 Twin blankets
10 Packs Razors
10 Cans of Shaving cream
10 Deodorants
10 Toothbrushes
10 Tubes of Toothpaste
10 Packs of Dental Floss
10 Bottles of Mouthwash
10 Bottles of Shower gel
10 Bottles of Body lotion
10 Bottles of Shampoos
10 Bottles of Conditioners
Cleaning supplies
HE Laundry Detergent
Recreational Activities
Sporting Events
Movie Tickets

STEPHENSON PLACE

Industrial Linoleum Flooring
10 Window Blinds
478/ 10 Window Screens
10 Blankets, 5 twin and 5 full size
10 Vornado Full Room Fans
12 Light fixtures

PROGRAM WISH LISTS –

NEW VISION CENTER & OXNARD CLUBHOUSE

\$365 Provides Lunches for one month
New large flat screen TVs
DVD players
Computers
Bar-be-que
Gardening Hoses & Seeds
Gardening gloves Trowels
Art paper
Frames
Oils pastels, acrylic and watercolor paints

RIVER HAVEN \$3,500 Dome Sponsorship Naming opportunity

A Van
\$500 Feeds River Haven per month
10 Razors
26 cans of shaving cream
26 cans of deodorant
26 packs of dental floss
26 bottles of shampoos
26 bottles of conditioner
26 bottles of shower gel
26 toothbrushes
26 tubes of toothpaste
26 bottles of mouthwash
25 five gallon water bottles
26 water hand pumps
30 five gallon propane tanks
Bug spray for mosquitos
Sunscreen
Protective hats
Bath Towels
Washcloths
Heavy Socks
Shoes
Canned Food
Propane
Batteries AA, C

OUR PLACE SAFE HAVEN

A Van
\$375 Feeds 30 people per month
5 – 6’ Foldable Tables
Wall and door installation
20 x 15 x 8 Soundproof wall
Commercial dishwasher
Commercial cleaning
5 Outdoor Motion Detectors/
Security Lights
10 Dual Pane windows
10 twin bed sets
10 twin mattress protectors
10 twin blankets
20-6 packs of heavy socks
20 Packs Razors
10 Cans of Shaving cream
10 Deodorants
20 Toothbrushes & Toothpaste
20 Packs of Dental Floss
10 Bottles of Mouthwash
10 Bottles of Shower gel
10 Bottles of Body lotion
10 Bottles of Shampoo
10 Bottles of Conditioners
Cleaning supplies
Laundry Detergent
Feminine Hygiene Products
Athlete’s Foot Spray
Canned Food
Bath Robes
10 pairs of Slippers

Your donation is tax deductible:

**Turning Point is a 501(c)(3)
Tax ID #77-0213467**



RECEIPT VOUCHER FOR DONATION/IN-KIND CONTRIBUTION

Program Name/Number _____ Date _____

Name of Donor _____ Former TPF Client? _____

Address _____ City/Zip _____

1. PROFESSIONAL STATEMENT OF SERVICES

Profession: _____

Description of Services: _____

Dates of Services: _____

Number of Hours: _____

Regular Hourly Rate: \$ _____ (Hourly rate used X number of hours)

TOTAL CONTRIBUTION: \$ _____

2. SPACE AND REAL PROPERTY

Location: _____

Owner: _____

Used for: _____

From: _____ To: _____

Square Footage: _____ Rate per sq. ft. _____

Contribution per month: \$ _____

TOTAL CONTRIBUTION: \$ _____

3. OTHER	QUANTITY	DESCRIPTION	VALUE
Supplies, Food, Ed Materials, Equipment, Etc. (This section not to be used for space.)			
TOTAL CONTRIBUTION \$ _____			

ABOVE ITEMS ON LOAN ONLY AND MUST BE RETURNED TO DONOR [] Yes [] No

Signature of Donor _____ Date _____

Signature of Recipient _____ Date _____

Approved by: _____
FOR TPF ADMINISTRATION PURPOSES ONLY

Date: _____

DIRECTOR OR DESIGNEE REVIEW: ACCOUNTING REVIEW:	Reviewers Initial _____ Date Recorded _____ Date Received _____ Date Recorded _____
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