

In-Kind Donation Form

Name of Person Completing Form _____

Daytime Phone: _____ E-mail Address: _____

Date of donation ____/____/____ What project is this for? _____

Donor Information

Donation is being made by: An Individual A Business

First name (please print)

Last name (please print)

Note: we must have a first and last name to properly track and acknowledge all donations. Please provide this information whether it is a personal or business contribution.

Business name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ **Email:** _____

Donation Information

Category (Check Type) : Food Materials Labor Appliances Other

Thank you for your donation of:

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Value</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Value: \$ _____

Total Weight : _____ Pounds

For Office Use Only

Date entered: ____/____/____

Additional back-up attached: ____ yes ____ no

Thank you sent ____/____/____

Completed by: _____ (initials)