



IN-KIND DONATION FORM

IRS 501(c) 3 Tax Exempt Number [INSERT EID]

Event: _____ Date of Event: _____

City: _____ County: _____

Description of Item (include quantities): _____

Estimated Fair Market Value: Donation: \$ _____ Auction: \$ _____

Fair market value of any goods or services given to donor in return: \$ _____

Individual donor or company name: _____

Name of person to be thanked: _____

Organization _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date Received: _____

APPROVAL: _____ DATE: _____