



Gift In-Kind Donation Form

Date: _____

Donor Name: _____

Contact Name (for business): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Description of Item, Gift, or Service:

(brand, model, serial #, VIN, etc.)

Estimated Value: \$ _____

Check One of the Following:

Donor Statement of Value Appraisal Attached Receipt Attached

Donated to: _____

(specific event, Foundation, department, etc.)

Donor Signature: _____

Office Use Only

Accepted By: _____ Date: _____

Foundation Fund: _____

Batch #: _____