



Tax Id 27-3369951

In-Kind Donation Form

Date _____

Program _____

Event _____

Of Hours _____

Donation Type: *[circle one]* Item Volunteer / Professional Services

Fair market value of goods or services _____
(Cash value or Hourly rate)

Description of Donation:

Name of Donor or Organization: _____

Phone: _____

Email: _____

Address: _____

Staff Member (Print) _____

Donor Signature _____