



In-Kind Donation Form

Make-A-Wish® Southern Florida grants the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy.

Today's Date: _____		
Wish Child: _____		Wish Granter: _____
Store Name: _____		Store #: _____
Store Phone #: _____		Store Contact: _____
Address: _____		
City: _____		State: _____ Zip: _____

List all items and/or services donated and the value of the donation	
Item/Service: _____	Donated Value \$ _____
Item/Service: _____	Donated Value \$ _____
Item/Service: _____	Donated Value \$ _____

Store Contact Signature

Wish Granter Signature

For federal income tax purposes, this letter will serve to confirm that no goods or services were provided to you for this donation. Please retain this form for your records.