



# Gift-in-kind Contribution Form

Date \_\_\_\_\_

*Please fill out this form completely and accurately with all available information and details.*

*Please print carefully. Legibility is essential for our records.*

*Donor's name must be printed exactly as you would like it to appear in publications.*

Name of Donor \_\_\_\_\_

Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Description of the Donation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Retail Value \$ \_\_\_\_\_

Donation Expiration Date \_\_\_\_\_

Restrictions, if any \_\_\_\_\_

Pick Up instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_