



IN-KIND DONATION FORM

Name: _____

Organization/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Description of Items	Qty/Pounds	Est. Value
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Donation: _____ Total Value of Donation: _____

Donor Signature: _____

Office Use Only:

Received by: _____ Date: _____

Recorded by: _____ Date: _____