



In Kind Donation Form

Salutation: Dr. Miss Mrs. Ms. Mr. Rev Sir Mam

First: _____ Middle: _____ Last: _____

Organization: _____

Address 1: _____ Address Type: **Business / Home**

Address 2: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Email: _____

Home Phone #: _____ Cell Phone#: _____

Work Phone #: _____ Ext: _____ Fax#: _____

DONATION

Donation Date: _____

Payment Type: **Gift** **In Kind**

Items Donated:

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

7) _____ 8) _____

9) _____ 10) _____

(For Department Use Only)

Donation Amount (Fair Market Value): \$ _____

(Fair Market Value will be determined by the agency by use of the internet)