



In-Kind Contributions Form

Date: _____

Fair Market Value: \$ _____
(Established by Donor)

Event/Program: _____

Campaign/Club Name _____

DONOR INFORMATION

Donor Name: _____

Address: _____

Phone Number: _____

Email: _____

Description of Items: _____

Charitable Purpose: _____

APPROVAL INFORMATION—PLEASE SIGN BELOW

Campaign/Club Representative: _____ Date _____

Donor: _____ Date _____