



In-Kind Donation Form

Together, we create life-changing wishes for children with critical illnesses.

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

Circle and 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 \$ _____
	Total: \$ _____

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.