

**Fleener Family Foundation  
In-Kind Form**

Business/Donor Name: \_\_\_\_\_  
(As you wish it to appear in print)

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Market Value of Donation: \_\_\_\_\_ (as determined by donor)

Itemized list of goods or services: \_\_\_\_\_  
\_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Printed Name: \_\_\_\_\_

Please return completed form to [info@fleenerfamilyfoundation.org](mailto:info@fleenerfamilyfoundation.org)