



## In-Kind Contribution Form

**Donor Information:**  Corporation  Individual

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Acknowledgment will be sent to the above address unless otherwise specified below. Send acknowledgment to:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt: \_\_\_\_\_

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

**Contribution Information:** Date of Contribution \_\_\_\_\_

Description of contribution: \_\_\_\_\_

Special Conditions and/or Terms of Contribution: \_\_\_\_\_

FMV of Item/Services \$ \_\_\_\_\_ or Discount given on Items/Services \_\_\_\_\_ %

Solicitation if for: Cooking For Wishes February 21, 2019

Note: Receipt (original preferred) or other form of documentation/proof, must be attached for proper in-kind reporting.

**OFFICE USE ONLY**

Maw Contact (solicitor): \_\_\_\_\_

Purpose (Wish, Wish Enhancement, Event, other): \_\_\_\_\_

Type of In-Kind Donation:  Goods  Services

Solicitor: \_\_\_\_\_

Date Gift Entered: \_\_\_\_\_

