**In-Kind Donation Form**

**Event Name**:

**Event Date:**

**Fund Name:**

**Affiliate Foundation:**

|  |  |
| --- | --- |
| Description of Item/Service: |       |
| Donor’s Name:*as it will appear* *in program* |       |
| Contact Name: |       | Phone:       |
| E-mail: |       |
| Address: |       |
| City/State: |       | Zip:      |
| Retail ValueOf Item (Donor Must Provide) | $       | Gift Certificate? [ ]  YES or [ ]  NOExpiration Date:      |
| Value of Benefit or Service provided to Donor | $       | Description of Benefit or Service to Donor      |
| Anonymous Donation? | [ ]  YES or [ ]  NO |  |
| Volunteer Name: |       | Phone:       |
| Pick Up / Delivery Notes: |       |
| Date Received |       |
| SignatureFund Representative |       |

*Thank you for your generous contribution to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fund at the Central Kansas Community Foundation.*

*You received no goods or services in exchange for your gift.*

*Consult your tax advisors as to the specific extent of deductibility.*

*This form will serve as your receipt for tax reporting purposes.*

*For more information, please call 316-283-5474*