**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 Value  Of Item  (Donor Must Provide) | $ | Gift Certificate?  YES or  NO  Expiration 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 |  | |
| Signature  Fund 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*