



IN-KIND DONATION FORM

DONOR NAME _____

DONOR ADDRESS _____ CITY, STATE, ZIP _____

DONOR PHONE NUMBER _____

DONOR EMAIL _____

DESCRIPTION OF ITEM(S) OR SERVICES DONATED _____

ESTIMATED TOTAL VALUE OF ITEM(S) DONATED \$ _____

Is this in-kind gift directly related to an event or campaign? _____

IF YES, Name of event or campaign _____

Donor's Signature _____

Please return a copy to the Central Kansas Community Foundation and **retain one for your files.**

301 N. Main, Suite 200, Newton, KS 67114 or email (scanned version)

to melinda@centralkanascf.org.

316-283-5474

Thank you for your generous contribution to _____ Fund
managed by the Central Kansas Community Foundation (Tax ID 48-1221368) or one of its affiliates.

By signing this form, you confirm that 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 further assistance, please contact Melinda Newell at melinda@centralkanascf.org