

IN –KIND GIFT / VOLUNTEER RECEIPT

**Instructions:** Complete form as service is rendered or donation received.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Donor: | | | |
| Address: | | | |
| Contact Person: | | Title: | |
| Phone: | Fax: | | Email: |
| Project/Purpose (identify Project for which service/donation is being utilized) | | | |
| DONATION | | VALUE | |
| Donation (describe) | | Service or  Goods  Date(s) provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Quantity: \_\_\_\_\_\_item \_\_\_\_\_\_\_hours \_\_\_\_\_days  Total Fair Market Value:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Donor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print) Title