

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  GoodsDate(s) provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Quantity: \_\_\_\_\_\_item \_\_\_\_\_\_\_hours \_\_\_\_\_daysTotal Fair Market Value:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

Authorized Donor Signature Date

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

Name (Please print) Title