

IN-KIND DONATION FORM

Event/Purpose: _____ Date: _____

City: _____ County: _____

Description of Item (included quantities): _____

Estimated Fair Market Value: \$ _____ Donation: _____ Auction: _____

Fair market value of any goods or services given to donor in return: \$ _____

Individual donor or company name: _____

Name of person to be thanked: _____

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date Received: _____ Example GFP Representative: _____

APPROVAL: _____ DATE: _____