

### In-Kind Contribution Form

#### Contributor Information

Name of Business or Individual: \_\_\_\_\_  
 Name of Primary Contact: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Contributed Goods or Services

Description of Contributed Goods or Services: \_\_\_\_\_

Date(s) Contributed: \_\_\_\_\_

Real or Estimated Value of Contribution: \_\_\_\_\_

How was the value determined?  Actual Value  Appraisal  Other

If other, please explain: \_\_\_\_\_

Who Made this Value Determination? \_\_\_\_\_

Is there a restriction on the use of this contribution:  No  Yes

If yes, what are the restrictions: \_\_\_\_\_

Signature (And stamp) of Contributor

Date

*Thank you for your support!!*

#### Internal Use Only:

Person Receiving Goods or Services on Behalf of Program:

Printed Name

Position

Signature

Date Received