



IN-KIND DONATION FORM

Event: _____ Date of Event: _____

City: _____ County: _____

Description of Item (included quantities): _____

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

Fair market value of any good or service given to donor in return \$ _____

Individual donor or company name: _____

Name of person to be thanked: _____

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date Received: _____ Team G Representative: _____

Approval: _____ Date: _____