

Gifts-In-Kind
(Please Print)

Date _____

Donor (Individual or Group)

Name: _____

Address: _____

Phone:() _____

Matchcode: _____

Valued Amount: _____

Contact Person If a Group/Organization: _____

Phone: (____) _____

Quantity/Description of Items

(Continue on back if more space is needed)

Are items ()New, ()Used, ()Mixed?

Please complete this form for all gifts-in-kind and return to the Development Office within 24 hours of receipt.