



In-Kind Contribution Form

Contributor Information

Name of Business
or Individual: _____
Name of Primary Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
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?: _____

Was this contribution obtained with or supported by Federal funds?: No Yes

If yes, please provide the name of the Federal agency and the grant or contract number: _____

Signature of Contributor

Date

☺ Thank you for your support!! ☺

Program/Account Use Only:

Person Receiving Goods or Services on Behalf of Program:

Printed Name

Position

Signature

Date Received