

IN-KIND DONATION FORM

Event: _____ Date of Event: _____

City: _____ County: _____

Description of Item (including quantities): _____

Estimated Fair Market Value: \$ _____ Donation: _____

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: _____ Email: _____

Date Received: _____ By (PTA Representative): _____

Local PTA Name: _____

Local PTA Address: _____

City: _____ State: _____ Zip: _____