

IN-KIND DONATION FORM

Event

Date of Event

City

County

Description of Item (including qty)

Estimated Fair Market Value: \$

Donation

Fair Market Value of good 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 Rep)

Local PTA Name

Local PTA Address

City

State

Zip

