

# 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: \_\_\_\_\_