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