

\_\_\_\_\_ Church

## In-Kind Donation Form

Please help us accurately process and acknowledge your donation:

\*Print clearly

\*Complete the entire form

\*Provide a fair market estimate of your donation. Per IRS regulations,  
\_\_\_\_\_ Church is not able to value your donation for you.

### Donor Information

Date: \_\_\_\_\_

Donor (Individual, Organization or Group): \_\_\_\_\_

Parent/Guardian Name (if donor is under 18): \_\_\_\_\_

Organization/Group Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Value of Gift: \_\_\_\_\_

This donation is given in **Memory of: Honor of:**

\_\_\_\_\_

If \_\_\_\_\_ Church is unable to use your donation do you want it  
returned to you?  Yes  No

Check here if you do not require a receipt/acknowledgement for your donation.

### Staff Section

This donation was received by: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you note sent by: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_