

GIFT-IN-KIND DONATION FORM



1) DONOR INFORMATION:

Donor Name	_____		
Company Contact	First Name	Last Name	Job Title
Address	_____		
Phone	(____)____ -____ Ext. _____		
Email	_____		

2) GIFT INFORMATION:

Describe the Gift in Detail	_____
Expiration / Restrictions	_____
Wish Child/Event/Purpose	_____

3) GIFT VALUE:

4) DO YOU WISH TO BE ACKNOWLEDGED?

Estimated value: \$ _____	Y	N
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5) Valuation Method (Check one)

*ATTACH RECEIPTS OR DOCUMENTATION

Invoice or receipt	Published value (catalog, etc.)
Independent appraisal	Value not provided by donor; value determined by making a good faith estimate
Stated by donor	

** If greater than \$5,000, attach Form 8283 and include required independent appraisal or manufacturer's invoice*

Gift Obtained By: _____	_____
Name	Date of Gift

For Office Use Only

MAW Representative Contact Name _____	
6) Constituent ID _____	7) Solicitor ID _____ Soft Credit ID _____
8) Type of Gift	Goods Services
9) Purpose of Gift	
Wish	Wish Child Name: _____ Wish Child Number: _____ Actual Wish Date: _____ Wish Expense Type: _____
Internal Event	Event Appeal Code: _____ Purpose: Auction Raffle Other
Other:	Other Purpose: _____

Please be sure to complete all sections, sign and date this form.