



IN-KIND DONATION FORM

In-Kind Donated to: _____

Date of In-Kind: _____

Description of item, Gift or Service (quantities if applicable)

Estimated Fair Market Value: Donation: \$_____ Auction: \$_____

Fair Market value of any good or services given to the donor in return: \$_____

Individual donor or Company name: _____

Donor Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Mobil Phone: _____

Email: _____

Donor Signature: _____ Date: _____

My gift-in-kind's estimated worth is \$500 or more and I would like tax documentation to claim this donation.

Please return to: The Glendale Communitas Initiative
350 N. Glendale Avenue Ste B265 – Glendale, CA 91206

Or send by email to: connect@glendalecommunitasinitiative.org

For inquiries please call 818.477.0792

Office Use Only:

Staff Signature: _____ Date _____