



## In Kind Donation Internal Form

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

Value of In Kind Donation: \$ \_\_\_\_\_

Name of Donor/Business: \_\_\_\_\_

CEO: \_\_\_\_\_

Individual: \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_-\_\_\_\_

C (\_\_\_\_) \_\_\_\_-\_\_\_\_

Description of  
donation: \_\_\_\_\_

\_\_\_\_\_  
To be used for (event, agency, etc.):

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
United Way Representative

\_\_\_\_\_  
Date

**No goods or services were provided in exchange for your contribution.  
Thank you!**