



In-kind Donation Form

Please complete the following information and return to Judy Moorhead in the Foundation office (address and fax below):

Donor / Merchant: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donation Information: *(Please complete in full)*

Description of Items / Service:

Value of Item / Service: \$ _____

For Office Use Only:

Date Received: _____

Received From: _____

Program/Event: _____