



GIFT-IN-KIND CONTRIBUTION FORM

Date:

DONOR INFORMATION:

Company Name _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax (Optional) _____

Gift Description:

Estimated fair market value (by donor): \$ _____

Special instructions (e.g., item delivery or pick up, restrictions, etc.):

Please return this form to: info@ysctourdepink.org

Please send tracking information when provided to: info@ysctourdepink.org

This form does not serve as a receipt for this contribution, but is intended for our internal record keeping purposes only. If a tax receipt is needed please request from info@youngsurvival.org