



GIFT-IN-KIND DONATION FORM

1) DONOR INFORMATION:

Donor Name _____

Company Contact/Title _____

Address _____

Phone/ Ext. _____

Email _____

2) GIFT INFORMATION:

Describe the Gift in Detail _____

Expiration / Restrictions _____

Event/Purpose _____ Wish Child Name (if applicable) _____

3) GIFT VALUE:	4) DO YOU WISH TO BE ACKNOWLEDGED?
Estimated value: \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N

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

Donor Signature: _____

(only required if no receipt) Name _____ Date _____

Gift Obtained by: _____

Name _____

For Office Use Only	
MAW Representative Contact Name _____	
5) Constituent ID _____	6) Solicitor ID _____ Soft Credit ID _____
7) Type of Gift <input type="checkbox"/> Goods <input type="checkbox"/> Services	
8) Valuation Method (Check one) <i>Documentation supporting this gift <u>must</u> be attached to this form.</i>	
<input type="checkbox"/> Invoice or receipt	<input type="checkbox"/> Published value (catalog, etc.)
<input type="checkbox"/> Independent appraisal	<input type="checkbox"/> Value not provided by donor; value determined by making a good faith estimate
<input type="checkbox"/> Stated by donor (must have Donor written statement/signature)	
9) Purpose of Gift	
<input type="checkbox"/> Wish	Wish Child Name: _____
	Wish Child Number: _____
	Actual Wish Date: _____
	Wish Expense Type: _____
<input type="checkbox"/> Internal Event	Event Appeal Code: _____
	Purpose: <input type="checkbox"/> Auction <input type="checkbox"/> Raffle <input type="checkbox"/> Other
<input type="checkbox"/> Other:	Other Purpose: _____

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