In-Kind Contribution Form

Event Name: _____ Event Date: _____

Fund Name: _____

Item Description

Item/Service Description: _____

_____

_____

_____

Value of Item/Service: _____

Donor Information

Donor/Business Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Donor Signature: _____ Date: _____

Were goods or services exchanged for the above donation? Yes / No

If goods or services were provided to the donor in exchange for the above item, please describe and estimate the fair market value:

_____

_____

_____

Fundraising Coordinator: _____ Date: _____

Please scan and send a copy to the Baton Rouge Area Foundation, keep a copy for your records, and provide a copy to the donor.