



In-Kind Donation Record

Name of Individual/Corporate Donor: _____

Contact Person/Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s) _____

Fax: _____ E-mail: _____

Program, Event or G&A: _____

Goods or Items Donated: _____

Estimated Value: \$ _____

Invoice or price list attached

Estimate by donor

Amount Paid: *(if applicable)* \$ _____

Net Value of Contribution \$ _____

Donor's Signature: _____

SBP Representative Signature: _____

Date: _____

For Office Use Only:

Acknowledgement Sent Date: _____

SBP Contact: _____

Follow-up Needed: _____