

PRACTICAL TAXES

IN-KIND CONTRIBUTION FORMS

GRANTEE ORGANIZATION:

Organization: _____ EIN Number: _____

Address: _____

City, State Zip: _____

DONOR DATA:

Donor's Name (Print): _____

Donor's Email: _____ Phone #: _____

Description of Donated Goods or Facilities	Date Provided or Used	Fair Market Value

TOTAL: _____