

In-Kind Donation

Complete if donation is greater than \$500



Date _____

Donor Information

Name _____

Address _____

Phone Number _____ Email Address _____

Estimated Fair Market Value of the Gift \$ _____

Description of Gift

Program or Support Service (check all that apply)

- _____ Area of Greatest Need
- _____ Advocacy & Education
- _____ Family Services
- _____ Facility (Crescent Cove Home)
- _____ Management & General
- _____ Fundraising

How Fair Market Value Determined (attach if necessary)

- _____ Quotes obtained from outside source
- _____ Goods (Internet, Discount prices, Items, etc)
- _____ Salaries (Salary survey guide, Internet, etc)

Miscellaneous Information

For Crescent Cove Internal Use:

Date Received _____ Sent to Accountant

Value Entered _____

Signature of Crescent Cove Rep Determining Value _____