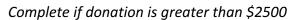
In-Kind Donation





Date	
Donor Information	
Name	
Address	
Phone Number Em	ail Address
Estimated Fair Market Value of the Gift \$	
Description of Gift	
Program or Support Service (check all that a	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 so	
Goods (Internet, Discount prices, Items, etc) Salaries (Salary survey guide, Internet, etc)	
Miscellaneous Information	
For Crescent Cove Internal Use:	
Date Received	Sent to Accountant \square
Value Entered	
Signature of Crescent Cove Rep Determining	Value