



**MAKING MOMENTS COUNT
FOR KIDS & FAMILIES**

IN-KIND DONATION

Date _____

Donor Information

Name _____

Address _____

Phone _____ Email _____

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 _____