



**MAKING MOMENTS COUNT
FOR KIDS & FAMILIES**

IN-KIND DONATION

Date _____

Donor Information

Name _____

Company/Organization _____

Address _____

Phone _____ Email _____

DONOR IS REQUIRED TO BE COMPLETE:

Estimated Fair Market Value of the Gift \$ _____

Description of Gift:

Program or Support Service (check all that apply)

_____ Advocacy & Education

_____ Family Services

_____ Facility (Crescent Cove Home)

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 _____ Staff Receiving _____ NFG?

Value Entered _____ Staff Determining Value _____