

[Organization's Logo Here](#)

Non-Profit Organization of My County
P.O. Box 1234 • Any City, TX 76001 • (713) 879-2812

In-Kind Contribution Form

Contributor Information

Name of Business
or Individual: _____
Name of Primary Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ E-mail: _____

Contributed Goods or Services

Description of Contributed Goods or Services: _____

Date(s) Contributed: _____

Real or Estimated Value of Contribution: \$ _____

How was the value determined?: Actual Value Appraisal Other

If other, please explain: _____

Who Made this Value Determination?: _____

Is there a restriction on the use of this contribution?: No Yes

If yes, what are the restrictions?: _____

Was this Contribution Obtained with or Supported by Federal funds?: No Yes

If yes, please provide the name of the Federal agency and the grant or contract number: _____

Signature of Contributor

Date Contributed

Thank you for your support!!

Office Use Only:

Person Receiving Goods or Services on Behalf of Non-Profit Organization of My County:

_____	_____
<i>Printed Name</i>	<i>Position</i>
_____	_____
<i>Signature</i>	<i>Date Received</i>

Accounting Use Only:

\$ _____	_____	_____	_____	_____
<i>Value Recorded</i>	<i>DR/CR Account Numbers</i>	<i>Date Entered</i>	<i>Data Entry Person</i>	<i>JE Number</i>