



In-Kind Donation Form

Donor Information

Name: _____

Address: _____

Phone Number: _____

Email: _____

Contribution Information:

In-Kind Donation of: _____

Estimated total fair market value of in-kind donation (add detail below): \$_____

If service, add date(s) of services performed: _____

Details and quantities (attach extra sheet if necessary):

OFFICE USE ONLY:

Accepted by: _____

Date: _____

Please submit this form via email to contact@upliftmidmo.org, or by US Mail to 1794 Bryan Pl, Mexico, MO 65265.

Signature of Donor

Date