

TOTAL VALUE \$ _____
For use by program _____

DONOR INFORMATION:

NAME: _____ Address: _____
SIGNATURE: _____
City State Zip

DONATION CLASSIFICATION

(Attach separate listing of donated items if additional space is needed. The value is to be based on "Fair Market Value." Fair Market Value is defined as the amount of money, a typical, well-informed unrelated buyer would be willing to pay for the item or service donated.)

Space Rental: Space utilized by programs for meetings or events.
Place _____ Rate: _____
Purpose: _____ Date/Time Period: _____

Utilities: Gas, electric, air conditioning, garbage collection etc.
Utility Costs Donated: _____ Value \$ _____
Date/Period of Time: _____

Equipment Rental: Items loaned for special event use
Items loaned: _____ Value \$ _____

Donated Equipment: Example: Calculators, computer hardware, typewriters
Items Donated: _____ Value \$ _____

Office Supplies: Ex: Staplers, Computer Disks & Software
Items Donated: _____ Value \$ _____

Volunteer Personal Mileage Date/Time Period _____
_____ Miles @ _____ cents/per mile = \$ _____

Program Supplies: Food for meetings, event tickets, free admission passes
Items Donated: _____ Value \$ _____

Professional Services: Ex: Plumbing, painting, legal
Services Donated: _____ Value \$ _____

Members supervision Date/Time Period _____
Time Donated: _____ Value \$ _____

Administrative costs from yours or a related organization Date/Time Period _____
Costs Donated: _____ Value \$ _____

Miscellaneous: Ex: Television--Public Service Announcements, Training, Research Assistance
Items Donated: _____ Value \$ _____
Items Donated: _____ Value \$ _____

Agency Personnel Signature: _____ Date _____ Mark the date that the
Accepted By _____ thank you note was sent

Tax ID # _____

& write your initials in the box.

