



In-Kind Contribution Form

<i>For Staff Use Only.</i>	
<i>Please initial when completed.</i>	
_____	Form Received (SM)
_____	Copy to KW (if applicable)
_____	Recorded in eTap (JFS)
_____	Thank You Sent (JFS)
_____	Original to Finance (CW)

Date: _____

Donor Information:

Company Name (If Applicable): _____

Contact Person: _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Phone: _____

Itemized Description of Donation:

Estimated Fair Market Value (by donor): \$ _____

Please mark which program your contribution is intended for:

- General Agency
- Family Connection
 - Kids University
 - Camp Bravo
 - Outdoor Adventure Camp
 - Back to School
 - Saturday with Santa
 - Easter Eggstravaganza
 - Family Outing/Imagination Connection
- Community Connection
- Auxiliary
- Other _____

Please sign below, as proof of agreement that the Fair Market Value listed above is an accurate estimate.

This form does not serve as a receipt for this contribution, and is intended for internal record keeping purposes only. A receipt describing the items or merchandise will be mailed to the address provided above. Rainbow Days, Inc. is unable to include the estimated value in the donor receipt. It is the responsibility of the donor to substantiate the Fair Market Value for his/her own tax purposes.