



DONATION FORM – IN-KIND GIFTS

Donor Name (please print): _____

Mailing Address: _____

Work Phone No. _____ Work Fax No. _____

Home Phone No. _____ Email Address _____

1. What is the nature of the in-kind gift? _____

2. What is the fair market value of the in-kind gift? _____

3. How was the fair market value of the in-kind gift determined? _____

4. Does the donor want the in-kind gift directed to a specific program or event?

Yes

No

If yes, please specify where the in-kind gift is to be directed:

5. Is an income tax receipt required?

Yes

No

FOR OFFICIAL USE ONLY	
IN-KIND GIFT RECEIVED _____	DATE: _____
<i>Signature of Community Relations Mgr.</i>	

*Return this form and receipts to the VP of Finance at American Lung Association of NC.
PO Box 27985, Raleigh, NC 27611 Phone: 919-832-8326 Fax: 919-856-8530*

Breathing Health into Life