



ANGEL CHARITY FOR CHILDREN

3132 N. Swan Rd., Tucson, AZ 85712
520-326-3686
www.angelcharity.org

In-Kind Donation Form

Treasurer's Use Only:

Budget: Yes No

Budget Amt: _____

Account Name: _____

The following described services or materials were donated to Angel Charity for Children, Inc., for its fiscal year April 1, _____, to March 31, _____.

DONATED BY:

\$ _____
Actual Fair Market Value as Stated by Donor

Name of Business

Date

Address

City

State

Zip Code

Contact Person (Mr. / Mrs. / Ms. / Dr.)

Phone

Email

DESCRIPTION OF DONATION:

SERVICES \$ _____
(Actual value of service for which you were not paid)

MATERIALS \$ _____
(Actual value of materials for which you were not paid. Please attach list of materials.)

An in-kind donation is a non-cash donation and is valued at half the stated value. Line items on the budget may be credited at full stated value. In Kind Gifts valued at \$1,000 or more will be recognized at the Angel Ball.

Please print your name as you wish it to be recognized:

Donor wishes to remain anonymous

Committee submitting form: _____ Angel Charity Member: _____

- Copies should be supplied to the following:
- 1) Angel Charity for Children, Inc., Treasurer
(who will provide a copy to the In-Kind Coordinator)
 - 2) Merchant / Donor
 - 3) Applicable Committee Chairman that the donation benefited

Angel Charity for Children, Inc., has a donor privacy policy and never sells or rents donor information to any third party.