

In-Kind Donation Form

Name:		
Company Name:		
Address:		
City:S	State: Zip (Code:
Phone: () E-mail:		
Donor Signature:		
Item(s) Donated:		Donor Stated Value:*
		\$
		¢.
		\$
		\$
		. \$
		\$
** Donor is responsible for establishin	g the value of the contributed item	s **
No goods and services were provided in consideration for Washtenaw County has been granted tax-exempt status und Copies of the IRS certification letter are available upon req	der the Internal Revenue Service Code	
FOR OFFI	CE USE ONLY	
☐ This contribution is unrestricted , please use the contribut	ed item (s) in a manner beneficial to Fou	indations Preschool.
☐ This contribution is restricted , the specific purpose is _		
Received By:	_ Received Date:	