
Donated Goods or Services Collection Form

Date of Donation: _____ / _____ / _____

Name of Donor(s): _____

Contact Name: _____

Address: _____

Phone: _____ E-Mail: _____

ITEMS OR SERVICES DONATED:

Description	Fair Market Value <i>(to be determined by donor)</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL: \$ _____	

Note: If the value of an INDIVIDUAL item is \$5,000 or more an independent appraisal must be obtained.

Received by: _____