



IN-KIND DONATION FORM

PLEASE PRINT LEGIBLY

Individual Donor or Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #1: _____ Contact Phone #2: _____

Email Address: _____

In-Kind Donation Information

Date Gift Donated: _____

Designated MACOA program/project: _____

Description of gift (Include Quantity): _____

Estimated Fair Market Value: _____

Process Used To Determine Fair Market Value: _____

May we use your photo and name in promotional materials for MACOA to include social media?
Please circle one: Yes or No

Please provide any special instructions regarding use of donor information below:

Donor Signature: _____ Date: _____

MACOA Staff Signature: _____ Date: _____

Administrative Use Only:

Received Development: _____ Date: _____

Acknowledgement Mailed: _____ Date: _____