GIFT IN-KIND DONATION FORM INSTRUCTIONS

A donation form must be completed for every in-kind gift (tangible or intangible). Please print information as legibly as possible. This form is used to provide information for accurate description of the item or service and to prepare receipts for tax purposes.

1) Donor Name: Fill in donor’s name, address, and phone number. The donor is the person or company/organization actually donating the item. The contact name is the person filling out the form.

2) Address: To ensure proper acknowledgement for tax purposes, it is very important that the address, zip code, and phone number are complete and accurate.

3) Description of Donated Item(s) or Service(s): Describe the item or service, and quantities if there are multiples. Please be as descriptive as possible.

4) Estimated Fair Market Value: This is the current value of each item according to the donor.

5) Donor Signature: The Donor Signature line MUST be signed to verify that the estimated fair market value amount was provided by the actual donor.

Please feel free to contact donateto@horizonschildren.org with any questions.

The form on the following page must accompany all in-kind donations.

Please return to: Horizons In-Kind Donations, 1705 Columbus Avenue, Roxbury, MA 02119
Horizons for Homeless Children is a 503(c)(3) non-profit organization.
Your donation is tax-deductible as allowed by law. Tax ID/EIN: 22-29-15188
GIFT IN-KIND DONATION FORM

Name: _____________________________
As you wish to be recognized

Donor Type: □ Corporate □ Individual □ Non-Profit/Public

Contact Name (If applicable):

Address:

Street

City, State Zip

Phone Email

Itemized Description of Donated Item(s) or Service(s):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Estimated Fair Market Value: $_________________________ (Determined by donor)

Donor Signature: ________________________________________ Date: _______________
Must be signed to verify that the estimated fair market value was provided by the donor.

Horizons Representative: _________________________________ Date: _______________
To be completed by Horizons for Homeless Children representative accepting donation.

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