



IN KIND CONTRIBUTION RECORDING FORM

DONOR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DESCRIPTION OF SERVICES, EQUIPMENT, AND/OR MATERIALS PROVIDED,  
QUANTITY, HOURS AND PURPOSE:

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DONOR SIGNATURE: \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_