

IN-KIND DONATION FORM

DONOR INFORMATION			
Donor Name or Contact Company/Bu	Company/Business name (if applicable)		
Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Phone Email			
This gift is	☐ Anonymous		
We do not sell, rent, exchange or otherwise share your information with any organiz	zations or individuals.		
DONATED ITEMS			
1) Item or Service		Fair Market Value _	
Restrictions			ation Date (if applicable)
2) Item or Service	or Service Fair Market Value		
Restrictions			" D. " " 11.)
			ation Date (if applicable)
3) Item or Service		Fair Market Value _	
Restrictions Items:		Expiration Date (if applicable)	
According to IRS guidelines, it is the donor's responsibility to determine the present us recognize your gift appropriately.	fair market value (FMV) o	of items donated. You	ır estimates will help
Received by (print)Name of St. Charles Represent	tative		Date
Please return this completed form with your donation.			
Thank you for your generous donation. Your gift of items to be used, auctioned or so donations are tax-deductible as determined by the IRS (please consult your tax advisor) 1501(c)(3) nonprofit organization. Tax ID Number: 94-3076293.			
EVENT INFO (FOR OFFI	CE USE ONLY)		
Event Fund	RE ID	Gift date	9
Item Donated Is: ☐ Non-Raffle ☐ Raffle ☐ Auction			

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