



IN-KIND DONATION FORM

Project/Activity: _____

Company: _____

Company Address: _____
Number Street City State Zip Code

Primary Contact Name & Title: _____

Primary Contact Email: _____ **Primary Contact Phone:** _____ Cell
 Work

Donation Date (Date Goods and/or Services Delivered): _____

Description of Donated Goods and/or Services: _____

Fair Market Value of Donated Goods and/or Services: \$ _____

Donor Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

Gary Sinise Foundation Tax ID: 80-0587086

Gary Sinise Foundation confirms that the donor did not receive any goods or services in exchange for this gift. Gary Sinise Foundation shall use contributions received for purposes of completing the project or activity indicated above. Any excess materials, credits, or other transferable goods and/or services received from the donor for such purpose and retained by the Foundation after completion of the project or activity shall be utilized by the Foundation for a similar project or activity. Federal tax laws impose certain reporting obligations for charitable contributions of property other than cash. IRS Form 8283 and its instructions can assist you with your reporting obligations.