

In-Kind Contribution Form



Date: _____ Fund Representative: _____

Affiliate Name: _____

Item Description

Item/Service Description: _____

Value of Item/Services: _____

(The value for this contribution is determined by the donor.)

Donor Information

Donor / Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

No goods or services were exchanged for this donation. Please retain a copy of this form for your tax records.

Donor Signature: _____

Received by: _____ Date: _____

Please scan and send one copy to Montana Community Foundation,
keep one copy on file with the special event records, and give one to the donor.