



In-Kind Donation Record

Date of Donation: _____ Product: New Used or In-kind Service

Description/Notes:

Estimated market value (required): \$_____ Determined by: Attached receipt Estimation

Donor:

Individual Corporation / Organization Other _____

Donor name: _____

Business name (if applicable): _____

Address: _____ Apt./Ste. _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email Address: _____

Who solicited this donation? _____

Acknowledgement letter requested? Yes No Donor to remain anonymous? Yes No

Fax form to 415-541-7716 or mail to: **HandsOn Bay Area**, 135 Bluxome St., 2nd Floor, San Francisco, CA 94107

Office use only:

Receipt / documentation attached

Accounting Code _____ Class _____

Enter in QB

Hot Fundraising Appeal: _____

Enter in HOT

Enter in Salesforce

Acknowledgement letter sent