

# Gift In-Kind Donation Form

Date: \_\_\_\_\_

Please fill out this form completely and accurately with all available information and details. Please print donor name exactly as you would like it to appear in publications.

Company / Organization Name \_\_\_\_\_

Contact Person / Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_



Description of Gift / Donation (please be specific) \_\_\_\_\_

Restrictions (if any) \_\_\_\_\_

Dollar Value \$ \_\_\_\_\_

Authorized Signature / Date \_\_\_\_\_

Reason for Donation \_\_\_\_\_

**Thank you for your generosity!**

P.O. Box 186 ° Walnut Creek, CA 94597 ° P: (925) 933 WCEF (9233) ° F: (925) 938 8383 ° [contact@wcefk12.org](mailto:contact@wcefk12.org) ° [wcefk12.org](http://wcefk12.org)

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