

IN KIND DONATION FORM

BCCWA / BCCWASF

Please indicate to whom you have donated the item(s): _____

Please list donated items with a fair market value and what they were donated to help with.

Date Donated: _____

For: _____

Fair Market Value: _____

Description: _____

Name: _____

ADDRESS/City/ST/ZIP: _____

Signed: _____

Date: _____