

P.O. Box 25633, Greenville, SC, 29616 415 W. Washington Street, Greenville, SC, 29601 864.335.8401 diningforwomen.org

In-Kind Donation Form

*DFW Representative - Please complete this form, give the donor a copy, and keep a copy for your records.

THIS IS NOT A TAX RECEIPT.

*If a tax receipt is required, please send a copy of this form to DFW HQ for processing of the tax receipt.

Event/Activity Description & Location:							
				Donation From: Company Nar	ne, Contact Person, Address and Cor	ntact Info:	
				Type of In-Kind Donation: Food	Beverage		
Media/Advertising	Awards/Medals						
Venue	Equipment						
Photography	Products or Services						
Description of Donation (item	, quantity):						
Estimated Fair Market Value o	of Donation: \$						
Tax receipt required?Y	res No						
Would you like the donation t	o be kept anonymous?						
Delivery/Pick up Instructions:							
DFW will pick up donation on (Date, Time) at			(Location)				
Please deliver donation on (Date, Time) at			_ (Location)				
Please arrive (i.e. musician	s, photographers) at event on	_ (Date, Time) at	(Location)				