



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: _____

Date(s) and Time(s) of Event/Activity: _____

Event/Activity Chapter, Chair Name and Contact Information:

Donation From: Company Name, Contact Person, Address and Contact Info:

Type of In-Kind Donation:

- | | |
|--|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Beverage |
| <input type="checkbox"/> Media/Advertising | <input type="checkbox"/> Awards/Medals |
| <input type="checkbox"/> Venue | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Products or Services |

Description of Donation (item, quantity):

Estimated Fair Market Value of Donation: \$ _____

Tax receipt required? Yes No

Would you like the donation to 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. musicians, photographers) at event on _____ (Date, Time) at _____ (Location)