

In-Kind Donation Form

Your gift of items to be used by Reclaimed Hope Initiative will help provide support, help and care to both birth families and foster families in our community. In-kind donations of goods are tax-deductible as determined by the IRS. Please consult your tax advisor for more detailed information.

DONATION

According to IRS guidelines, it is the donor's responsibility to determine the present fair market value (FMV) of items donated. Your estimates below will help us recognize your gift appropriately.

Donation Date

Item(s) or service(s) donated:	Description of item(s) or service(s):	Estimated FMV:
		\$
		\$
		\$
		\$
		\$

The above items were verified by the following volunteer or Reclaimed Hope Initiative staff member:

Name (please prin	lease print) Signa		nature		Date
DONOR INFORM	IATION				
Name of Business	/Organization/Ir	ndividual			
Prefix Firs	st Name		 MI	Last Name	
Job Title (if applic	able)			Email	
Address 🗌 Home	U Work				
City		State	Zip	Phone	Home 🗌 Work 🗌 Cell