

APPENDIX IV: In-Kind Donation Form

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EXTERNAL FUND RAISER Catch-A-Dream Foundation In-Kind Donation Receipt





DONOR'S Business/Org. or Individual Name: _____	Date Form Prepared: _____
DONOR'S Authorizing Agent: _____	DONOR'S Contact Name: _____
DONOR'S E-mail: _____	DONOR'S Phone: _____
DONOR'S Address: _____	
DONOR'S City: _____	DONOR'S State: _____ DONOR'S Zip Code: _____
EVENT NAME: _____	Date of Event: _____ Event Rep: _____

PLEASE LIST ITEM(S) DONATED



QUANTITY	DESCRIPTION OF ITEM(S)	FAIR MARKET VALUE
TOTAL FAIR MARKET VALUE \$		

Thank you for your support of the Catch-A-Dream Foundation. We appreciate your donation. Your gift is deductible as a charitable contribution to the extent that it exceeds the value of any goods and/or services you received in exchange for your gifts. Every effort has been made to ensure the accuracy of this receipt. If any errors were made, please accept our most sincere apologies and notify us immediately.

	FOR CADF USE ONLY: THIS RECEIPT IS <u>ONLY VALID</u> IF SIGNED BY A CADF FISCAL OFFICER. THE <u>YELLOW COPY</u> SERVES AS OFFICIAL TAX RECEIPT.
	Goods and/or services (_____) with an estimated fair market value of \$ _____ were provided to you <u>in exchange for your donation</u> .
CADF Representative: _____	DATE: _____
CADF Fiscal Officer: _____	DATE: _____

-  Receipts are in sets of 4.
-  Use cardboard separator between sets.
-  **USE BALL POINT PEN ONLY!**
-  **PRESS FIRMLY TO ENSURE ALL COPIES are LEGIBLE!**

Catch-A-Dream Foundation
 2485 Ennis Road, Starkville, MS 39759
 (662) 324-5700 Office ~ (662) 324-5699 Fax
 info@catchadream.org

- NOTE to EVENT REP:**
-  Return **WHITE** and **YELLOW** copies to CADF Office.
 -  Give **PINK** copy to **DONOR** and **YOU** Keep **GOLD** copy

WHITE = Catch-A-Dream Office's Copy  YELLOW = Donor's Validated Copy  PINK = Donor's Temporary Receipt  GOLD = Event/Fund Raiser's Copy