



GIFT-IN-KIND DONATION FORM

1) DONOR INFORMATION:

Donor Name _____

Company Contact _____ Title _____

Address _____

Phone (____) ____ - ____ Ext. _____

Email _____

2) GIFT INFORMATION:

Describe the Gift in Detail _____

Expiration / Restrictions _____

Event/Purpose _____ Wish Child Name (if applicable) _____

3) GIFT VALUE: **4) DO YOU WISH TO BE ACKNOWLEDGED?**

Estimated value: \$ _____ Y N

** If greater than \$5,000, attach Form 8283 and include required independent appraisal or manufacturer's invoice*

Donor Signature: _____ _____
(only required if no receipt) Name Date of Gift

Gift Obtained by: _____
 Name

For Office Use Only

MAW Representative Contact Name _____

5) Constituent ID _____ **6) Solicitor ID** _____ **Soft Credit ID** _____

7) Type of Gift Goods Services

8) Valuation Method (Check one) *Documentation supporting this gift must be attached to this form.*

Invoice or receipt	Published value (catalog, etc.)
Independent appraisal	Value not provided by donor; value determined by making a good faith estimate
Stated by donor	

9) Purpose of Gift

Wish Wish Child Name: _____

Wish Child Number: _____

Actual Wish Date: _____

Wish Expense Type: _____

Internal Event Event Appeal Code: _____

Purpose: Auction Raffle Other

Other: Other Purpose: _____

Please be sure to complete all sections, sign and date this form and e-mail to your wish coordinator.

Make-A-Wish® Eastern North Carolina
 2880 Slater Road, Suite 105
 Morrisville, NC 27560