



In-Kind Donation Form

Donated Item(s):

Description and quantity of Item: _____

Fair Market Value, as determined by donor: \$_____

Service/Specific Labor (IE. Electrician's time):

Description of service donated: _____

Fair Market Value, as determined by donor: _____ hrs x \$_____/hr = \$_____

Hours Volunteered _____

Name _____

Company Name (if donation is on behalf of a company) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

____ Yes, it is ok if the Dempsey Center uses my name publicly for acknowledgement purposes.

____ No, I prefer to remain anonymous (you will still receive an acknowledgment for tax purposes.)

By signing this form, I acknowledge that the above information is accurate, and that the Dempsey Center may share any surplus items with other patients or community service organizations which seem appropriate.

Date _____

(Signature of Donor)

I understand that my typed name above will carry the same effect as my written signature

(Signature of Staff Person Accepting Donation)

I understand that my typed name above will carry the same effect as my written signature

DC Staff: please email completed form to giving@dempseycenter.org