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Non-Profit Organization of My County  
P.O. Box 1234 • Any City, TX 76001 • (713) 879-2812

### In-Kind Contribution Form

#### Contributor Information

Name of Business  
or Individual: \_\_\_\_\_  
Name of Primary Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Contributed Goods or Services

Description of Contributed Goods or Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) Contributed: \_\_\_\_\_

Real or Estimated Value of Contribution: \$ \_\_\_\_\_

How was the value determined?:  Actual Value  Appraisal  Other

If other, please explain: \_\_\_\_\_

Who Made this Value Determination?: \_\_\_\_\_

Is there a restriction on the use of this contribution?:  No  Yes

If yes, what are the restrictions?: \_\_\_\_\_

Was this Contribution Obtained with or Supported by Federal funds?:  No  Yes

If yes, please provide the name of the Federal agency and the grant or contract number: \_\_\_\_\_

Signature of Contributor

Date Contributed

*☞ Thank you for your support!! ☜*

#### Office Use Only:

Person Receiving Goods or Services on Behalf of Non-Profit Organization of My County:

Printed Name

Position

Signature

Date Received

Accounting Use Only:

\$

Value Recorded

DR/CR Account Numbers

Date Entered

Data Entry Person

JE Number