

Date Received:				

In-Kind Donation Form

Thank you for your generous donation to Friends of Kids with Cancer. In-Kind donations are tax-deductible as determined by the IRS. Please consult your tax advisor or IRS publications for details.

	DON	NOR INF	ORMATION	N
Name of Business / Orga	nization / School: _			
Full Contact Name:				
Address:				
City:			State: _	Zip:
Phone:	E	Email:		
Reason for Donation:	Birthday		Holiday	End of Treatment Special Occasion
In Memory/ Honor Of (ci	ircle):			
Please notify: Name				
Address: _				
City:			State:	Zip:
		DONAT	ION(S)	
According to the IRS guidel donated. Your estimates be				the present fair market value (FMV) of items
Item(s) or Service(s) Donated:				Estimated Value of Donation (FMV):
				\$
				\$
				\$
				\$
			Total	\$
The	e above items were verified	by the following	g Friends of Kids w	vith Cancer staff member:
Staff Name	RE		SS	TY