

**Jackson County United Way
In-Kind Contribution Form**



| Contributor Information | |
|---------------------------------|----------------------------------|
| Name of Business or Individual: | |
| Name of Primary Contact: | |
| Address: | |
| City: | State: Zip: |
| Telephone: | Email: |

| Contributed Goods or Services | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Description of Contributed Goods or Services: _____ _____ | |
| Date(s) Contributed: | |
| Real or Estimated Value of Contribution: | |
| How was the value determined? (Attach documentation): <input type="checkbox"/> Actual Value <input type="checkbox"/> Appraisal <input type="checkbox"/> Other | |
| If other, please explain: _____ | |
| Who made this value determination?: | |
| Is there a restriction on the use of this contribution?: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, what are the restrictions?: | |
| Signature of Contributor: | Date: |

• **Thank you for your support of Jackson County United Way!** •

| Program Use Only | |
|----------------------------------------------------------------------------|----------------|
| Person receiving goods or services on behalf of Jackson County United Way: | |
| Printed Name: | Position: |
| Signature: | Date Received: |
| Accounting Use Only: | |
| Value Recorded: | Date Entered: |

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