

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



Jackson County  
United Way

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:

Jackson County United Way  
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