

IN-KIND DONATION FORM

Date:* _____ Time: _____ Form Completed By: _____

Organization Name: _____
IF APPLICABLE

Name:* _____

Parent/Guardian: _____
IF DONOR IS UNDER 18 YEARS OF AGE

Mailing Address:* _____

City:* _____ State:* _____ Zip:* _____

Phone:* _____ Email:* _____

Donation Description:* _____

Number of Items: _____ Estimated Value: _____ Number of Individuals Involved: _____

Location Received/Additional Information: _____

For more information about our in-kind donations, call **319-467-8087** or visit our website at **uihc.org/donations**.

Office Use Only

Date Thank-you Written: _____ Written By: _____

Recorded on DONATION SPREADSHEET: _____

[→ uihc.org/donations](http://uihc.org/donations)