

Dallas County Aggie Moms' Club  
P.O. Box 600182  
Dallas, Texas 75356

IN-KIND DONATION FORM

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Description of Item (include quantities): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Fair Market Value: \$ \_\_\_\_\_

Fair market value of any goods or services given to donor in return: \$ \_\_\_\_\_

Individual donor or company name: \_\_\_\_\_

Name of person to be thanked: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ CellPhone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Received: \_\_\_\_\_

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

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