the Montrose Center

# In-Kind Donation Form

This form is for donations of **goods** and **services** only.
No form is required for monetary gifts.

## STAFF MEMBER RECEIVING / ACCEPTING DONATION TO COMPLETE THIS SECTION

**Person Receiving Donation (print)**_____

**Location of Items**_____ **Date**_____ **Donor given copy? Y N**

## DONOR TO COMPLETE THIS SECTION

**Donor Name**_____

**Business**_____

**Address**_____

**City**_____ **State**_____**ZIP**_____

**Phone**_____**Email**_____

| **Goods / Services Description** (List items separately*) | **Quantity** | **$ Value** |
|---|---|---|
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| | | |
| **Copies of receipts for new/purchased goods may be attached instead of listing items separately.* | **Total Est. Value:** | |

**Date of Gift(s)** _____

**Intended Purpose of Gift(s)** _____

**Donor Privacy** ☐ I consent to my donation being publicly acknowledged

☐ I wish to remain anonymous

**DISCLOSURE:** Montrose Counseling Center, Inc. d/b/a The Montrose Center [the Center] is a 501c3 charitable organization. All donations are tax-deductible to the fullest extent allowed by law. This form may serve as a record of donations given to the organization, but is not offered as legal tax advice and should not be used as such. Please contact your tax professional to answer questions regarding how you should calculate the value of your donation for tax purposes. The management of the Center reserves the right to utilize or dispose of the donated item(s) as determined necessary for the sole benefit of the Center.

## DEVELOPMENT USE

Condition/appraisal details_____

_____ Booked Value: $_____ GW Date _____ By _____