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## STATEMENT OF IN-KIND CONTRIBUTION

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Program Receiving Donation: \_\_\_\_\_

Description of Donation: \_\_\_\_\_

Purpose: \_\_\_\_\_  
(Project/Grant Name/Event)

Date of Donation: \_\_\_\_\_ Hours (if applicable): \_\_\_\_\_

Value/Comparable Worth: \_\_\_\_\_

Name: \_\_\_\_\_

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

Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:** Thank you for your donation. Our Federal Tax ID Number is 30-1143956. Your donation receipt will be delivered via email

