



In-Kind Donor Form

Contact Name & Position (if applicable):		
Business Name (if applicable):		
Business Address:		
Mailing Address (if different):		
Phone:	Fax:	Email:

Donated Items/Services:
Please provide quantity, description, & fair market value of each item. Attach an additional page if needed.

1.	_____	Value: \$ _____
2.	_____	Value: \$ _____
3.	_____	Value: \$ _____
4.	_____	Value: \$ _____
5.	_____	Value: \$ _____
6.	_____	Value: \$ _____
		TOTAL: \$ _____

Authorized signature & date: _____

Check any applicable boxes:

Contact me to arrange pick-up
 Donation item(s) enclosed
 Receipt enclosed
 Donation to be dropped off at Imua
 Donation will be mailed to Imua

***MAHALO** for your contribution! Your generosity will help Imua Family Services further its mission to empower children and their families to reach their full potential. Tax Exempt ID #99-0194402. An acknowledgement letter will be sent to the address indicated above following the receipt of your donation. Please contact us if you have any questions.*

For Office Use Only:

Received by: _____ Date: _____

Program:
 Camp Imua
 Dream Imua
 Paddle Imua
 Pedal Imua
 Preschool
 Halloween Festival
 Holiday Festival
 Camp Discovery
 Gala
 Other: _____
 Not specified

Entered by: _____ Date: _____