## THE FAMILY TREE

INFORMATION, EDUCATION & COUNSELING CENTER



## **In-Kind Donation Form**

Name:	- AMARIA	
Prefix (Dr./Mrs./Mr./Ms.) First	Middle	Last
Mailing Address:		
City:	State:	Zip:
Preferred Phone: Cell Home		
Email Address:		
Donation Description:		
Donation Description:  Donor Estimated Value (Optional) \$		
If the donor estimated value is more than \$500, th must be attached to this form.	e IRS requires a qualified, certifie	ed appraisal of the donation which
Certified Appraisal Attached?  Yes  No	☐ I would like my gift to rer	main anonymous
Please complete this section if your donation is in	honor or memory of someone.	
☐ In Honor OR ☐ In Memory of		
Send Acknowledgement to:		
Name:		
Prefix (Dr./Mrs./Mr./Ms.) First	Middle	Last
Mailing Address:		
City:	State:	Zip:
Thar	nk you for your support!	
To be completed by The Family Tree Staff:		
Staff Signature	Da	te Received