



# COMMUNITY FOUNDATION FOR THE ALLEGHENIES

## Gift In-Kind Donation Form

Name of Component Fund: \_\_\_\_\_

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

Type of Gift: \_\_\_\_\_

Donor Estimated Value of Donation: \$ \_\_\_\_\_

A tax acknowledgment/receipt will only be issued if this form is completed, signed and submitted to the Community Foundation for the Alleghenies at the address below.

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

Business/Organization Name (if applicable): \_\_\_\_\_

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

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

Phone:            Home        Work        Cell # \_\_\_\_\_  
(circle one)

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_ Email: \_\_\_\_\_

Phone:            Home        Work        Cell # \_\_\_\_\_  
(circle one)

Return completed form to:

Community Foundation for the Alleghenies  
Attn: Barb Charney, Accounting Associate  
116 Market Street, Suite 4  
Johnstown, PA 15901