



362 Park Creek Dr  
Columbus, MS 39705  
662-370-1922  
EIN # 64-0567987

## In-Kind Contribution Form

### *Contributor Information*

Name of business or individual: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### *Contributed Goods or Services*

Description of contributed goods or services: \_\_\_\_\_

Real or estimated value of contribution: \$ \_\_\_\_\_

How was the value determined (please circle one)? Actual Value / Appraised Value / Other

If "Other" please explain: \_\_\_\_\_

Who made this value determination? \_\_\_\_\_

Is there a restriction on the use of this contribution (please circle one)? YES NO

Was this contribution obtained with or supported by Federal funds (please circle one)? YES NO

If yes, please provide the name of the Federal agency and the grant or contact number: \_\_\_\_\_

Date Contributed \_\_\_\_\_ Signature of Contributor: \_\_\_\_\_