



PO Box 661
5345 Esserville Road
Norton, Virginia 24273

Statement of In-Kind Contribution

Date Received ____/____/____

Donor Category (please check appropriate space below)

- Individual Business Civic Organization School
- Other, specify _____

Type of Goods or Service(s) Donated

Value \$ _____

Donor Information

Name of Donor and/or Organization

Address

City State Zip

() _____ - _____
Phone

Authorized Signature of Donor Date ____/____/____

If appropriate, attach receipt or other source documentation.

Office Use Only

Center/Component _____

Received By _____

Approved By _____ Date ____/____/____

Thank you for your gift!

Your contribution to a non-profit organization may be deductible for Federal Income Tax purposes.