



In-Kind Donor Form

Donor Name: _____

List the name as you would like it to appear.

Company or Individual Information

Contact Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone #: _____	Fax #: _____	
Email Address: _____	Website: _____	

Item Information

PLEASE CHECK ONE:

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DONATION/CERTIFICATE ENCLOSED
TO BE DELIVERED

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☐

TO BE PICKED UP
USE THIS FORM AS THE CERTIFICATE

Complete description of donation: _____ _____ _____	
Estimated Fair Market Value: \$ _____	Legal or Time Restriction: _____
Special Instructions: _____	
Can Item be Exchanged: _____	
Donor's Signature: _____	Date: _____
Solicitor's Name: _____	Solicitor's Phone: _____

Please sign this form and make a copy for your records and tax purposes. Return original to The Arbor School office. For questions, email Emily Miller at emiller@arbor.org. The Arbor School is a 501(c) (3) non-profit organization, Federal ID# 76-0317198. Our students, teachers and parents appreciate your generosity and support.