



GENESIS
WORLD MISSION

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In-Kind Donation Form

Donors: Please complete the following information regarding your donation. Thank you for helping us serve our patients!

Organization/Company: _____ Contact Phone Number: _____

Contact Name: _____ Full Address: _____

Item	Qty	Fair Market Value*	Income Code	Expense Code	Class/Dept

Please list item/service contributed. Be as specific as possible. List several if necessary with the corresponding fair market value for each item. Only donors can specify the fair market value. If services were given in return for this donation (for example, tickets to a dinner or event) then the value returned to the donor must be noted. Please be sure to have the donor sign their name and print an address where an official receipt can be sent. Even if a donor does not want a receipt, we still need this information for our accounting purposes.

Date _____ Received by (Staff/Board): _____

*A signed receipt is your substantiation of donated in-kind goods for potential charitable deduction. Donors are responsible for their own fair market valuation of goods. Only donations of tangible goods are eligible for tax deductions. Please refer to IRS Publication 526 for more information.

Receipt Sent Access Journal Entry