



**Value-In-Kind Contribution Form**  
(Product/ Services Donation Form)

(Check one) State \_\_\_\_\_ Area \_\_\_\_\_ Local \_\_\_\_\_ Booked \_\_\_\_\_ Unbooked \_\_\_\_\_

Individual/ Company Name \_\_\_\_\_ RE Id # if applicable \_\_\_\_\_

Contact Name \_\_\_\_\_ email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
( ) ( )

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contribution Date of Product or Service \_\_\_\_\_ Dollar Value Stated by Donor\* \_\_\_\_\_

Contribution Consisted of: (BE VERY SPECIFIC, i.e. quantities/values) \_\_\_\_\_

Contribution was used for (event, fundraiser, area, general, etc.): \_\_\_\_\_

Form completed by: \_\_\_\_\_

*\*Receipt needed if dollar value is \$5,000 or more*

**Please return completed form to:**

**Liz Smith**

**By E-mail: Liz.Smith@specialolympicsga.org**

**By Mail: Special Olympics Georgia**  
6046 Financial Drive  
Norcross, Georgia 30071

**By Fax: (404) 393-2929**

**FOR SOGA STAFF USE ONLY:**

Would you like to add a personal note to the acknowledgement (state office employees only)? No Yes

Entered into Notebook \_\_\_\_\_ Entered into Spreadsheets \_\_\_\_\_