

**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 TEAM 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\_\_\_\_\_\_\_\_\_\_**