


# IN-KIND CONTRIBUTION

 Donor/Sponsor Company: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Project/Event: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

 Please fill in data for appropriate type of in-kind donation you or your company are providing:

## DONATION OF GOODS, SERVICE OR FACILITY


Description	Date Provided or Used	Fair Market Value

TOTAL: \$ \_\_\_\_\_

## DONATION OF VOLUNTEER HOURS

Volunteer Service	Volunteer Name	Location of Service	Total Hours Volunteered	Date of Service	Fair Market Value

TOTAL: \$ \_\_\_\_\_

 Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only:    Business Impact NW    Washington Women's Business Center    Veterans Business Outreach Center



SMALL BUSINESS FINANCIAL EMPOWERMENT

*Business Impact Northwest is a nonprofit 501(c)(3) corporation, EIN 91-1764008*

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