



# In-Kind Donation Form

Approved  
04-16-16

To ensure that we are capturing the true value of the non-monetary donations provided to us, Project Healing Waters Fly Fishing, Inc. (PHWFF) Headquarters (HQ) requests that the donor or our volunteer fill in the information below as applicable, and to the fullest extent possible at the time and point of receipt. Please send the form to HQ at [donate@projecthealingwaters.org](mailto:donate@projecthealingwaters.org) or mail to the address below. HQ will send an In-kind tax donation and thank you letter to the donor for his records.

Please note that in-kind donation of services is typically not tax deductible to the donor, but the information on the donation is very important to us.

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## To be completed by Donor

Company/Organization: \_\_\_\_\_

Individual Donor or Company Point of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Estimated Fair Market Value of \_\_\_\_\_ Date of  
Donated/Discounted Item/Service: \_\_\_\_\_ Donation: \_\_\_\_\_

Description of Donated/Discounted Item/Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Donor Optional Section:** Signature: \_\_\_\_\_

Please use my donation as follows: \_\_\_\_\_

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## To be completed by PHWFF

Received by: Name: \_\_\_\_\_ Region: \_\_\_\_\_

Program: \_\_\_\_\_

If the donation will be used to raise funds please provide the  
fundraising event name: \_\_\_\_\_

If a part of the donation is used to raise funds please enter that  
amount here: \_\_\_\_\_

Thank You, Headquarters' Staff

HEALING THOSE WHO SERVE