



## IN-KIND DONATION FORM

Please take a moment to fill in the information below so we can properly thank you for your donation and provide you with documentation for tax purposes:

|   |  |                                     |       |
|---|--|-------------------------------------|-------|
| Donor:  |  | Email:                              |       |
| Contact Person (if donor is an organization): |  | Phone:                              |       |
| Address:                                      |  |                                     |       |
| City:   |  | State:                              | ZIP:  |
| <b>ITEMS DONATED</b>                          |  |                                     |       |
| Quantity                                      |  | Description (please note condition) |       |
|   | <input type="checkbox"/> New <input type="checkbox"/> Used |                                     |       |
|   | <input type="checkbox"/> New <input type="checkbox"/> Used |                                     |       |
|   | <input type="checkbox"/> New <input type="checkbox"/> Used |                                     |       |
|   | <input type="checkbox"/> New <input type="checkbox"/> Used |                                     |       |
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|   | <input type="checkbox"/> New <input type="checkbox"/> Used |                                     |       |
|   | <input type="checkbox"/> New <input type="checkbox"/> Used |                                     |       |
| Fair Market Value:                            |  |                                     |       |
| Comments:                                     |  |                                     |       |
| Staff Receiving Gift:                         |  |                                     | Date: |
| Program/Site:                                 |  |                                     |       |

Please return this form to LCFS Development Department:  
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 Mail: LCFS, One Oakbrook Terrace, Ste 501, Oakbrook Terrace, IL 60181