



Survive. Thrive. Prevent. Allied to End Family & Sexual Violence

Gift In-Kind Donation Form

***IF A RECEIPT IS REQUESTED FOR TAX PURPOSES, THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

DONOR'S NAME: _____

Individual Organization CHECK HERE IF YOU WISH TO REMAIN ANONYMOUS.

ORGANIZATION'S NAME: _____ Position: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Cell Office Home E-mail: _____

Relationship to Hope Alliance (check all that are appropriate): Community Member Former Client

Board Member Staff Volunteer Auxiliary Other

Table with 3 columns: Items/Services Donated, Quantity, *Fair Market Value of Item(s). Includes a Totals row.

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Unless they are "collectibles," the FMV (fair market value) of used clothing and household goods, such as furniture, appliances, and linens, is much lower than the purchase price. Such used property may have little or no market value because of its worn condition. It may be out of style or no longer useful. Valuation of items of clothing does not lend itself to fixed formulas or methods.

A RECEIPT MUST BE PROVIDED FOR ANY AND ALL NEW ITEMS DONATED

FMV* MUST BE PROVIDED BY THE DONOR AND MUST BE REASONABLE. ***WE CANNOT ACCEPT CLOTHING ITEMS WITH A TOTAL VALUE OF OVER \$250.00 & HOUSEHOLD GOODS WITH A TOTAL VALUE OF OVER \$500.00***

Donor's Signature: _____

Date: _____

Received by: _____

Date: _____

This certifies as a receipt for your tax-deductible donation to Williamson County Crisis Center, dba Hope Alliance for which no goods or services were received in exchange for this gift. Hope Alliance is a 501(c)(3) non-profit organization with Tax ID #74-2277114. Thank you on behalf of the Hope Alliance Board of Directors, staff, volunteers, and, most importantly, the clients we serve.

FOR OFFICE USE ONLY

(GL Code 6400) Volunteer/Intern Amount \$ _____

(GL Code 6405) Office Supplies Amount \$ _____

(GL Code 6410) Program Supplies Amount \$ _____