



In Kind Donation Sheet

Date of Event or Donation _____

Name of Vendor(s) or Description of Donation
Attach Receipt (if available)

Estimated
Value or
Actual
Amount

Purpose (Brief Description of the Fundraising Event , Which
Donation Event, etc)

_____	_____
_____	_____
_____	_____

Total Donation _____

One receipt per line

Name: _____ Phone number: _____

Treasurer's Signature: _____

Treasurer's Printed Name Joelle Zamora Clausen

Revised 3/14/22



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