In-Kind Donation Form

Make-A-Wish® Illinois

200 W Monroe St, Suite 1801, Chicago, IL 60606

	DONOR IN	NFORMATIO	N	
Donor:				
Address:				
City:	State:		Zip:	
Contact:		Title:		
Phone #:		Email:		
	IN-KIND IN	NFORMATIO	N	
Item Received:		Received by:		
Date of Contribution:		Value of Item		
Description of Contribution	on:			
For Wish Child:				
(or) Event:				
(6.) 2.0				
Is the Donor okay with	us sharina thei	r information	with other Vo	lunteer Wish
Granters?			wiiii oiiiei vo	
☐ Yes, they would like to	help again			
,		a kantintarna	lly out Adoutes A)	\\/iob
☐ No, we prefer our infor	malion to only k	ре кертіпіетта	ily at Make-A-	VV1511.
What type of In-Kin	d contribution	is being made	o? Plagsa che	ock one
	Jse of Facility (E.			oms)
If this is a facility In-Kind,	are you the ow	ner of this facili	ty? 🗆 Yes 🗆	□ No
How was the value of	of the contribut	tion establishe	ed? Please ch	neck one
☐ Donor Invoice ☐ App	raisal 🗆 Sales	Receipt 🗆 Do	onor Stated Vo	alue
Other:				
Note to Wish-Granters: Pla				
wish child. Donations include	_	_		
this form to the MAWF office. newsletter and sent an official				
please obtain a sales receipt				
value and send with your in-ki				
for us to record and acknowle				
*A personal thank-you note	must also be sent to	o the donor by the	e person who rece	eives the donation.
Office use only: Enter	ed into WVC/CRA		vledgment sent	
	Wish Man	ager		