

# In-Kind Donation Form

## Make-A-Wish Foundation<sup>®</sup> of Illinois

640 North LaSalle Street, Suite 280, Chicago, IL 60654 312-602-9474

DONOR INFORMATION		
Donor:		
Address:		
City:	State:	Zip:
Contact:	Title:	
Phone #:	Email:	

IN-KIND INFORMATION	
Item Received:	Received by:
Date of Contribution:	Value of Item:
Description of Contribution:	
For Wish Child:	Wish ID #:
(or) Event:	

### Is the Donor okay with us sharing their information with other Volunteer Wish Granters?

- Yes, they would like to help again.  
 No, we prefer our information to only be kept internally at Make-A-Wish.

### What type of In-Kind contribution is being made? Please check one....

- Goods  Services  Use of Facility (E.G. Airline tickets and hotel rooms)

If this is a facility In-Kind, are you the owner of this facility?  Yes  No

### How was the value of the contribution established? Please check one....

- Donor Invoice  Appraisal  Sales Receipt  Donor Stated Value

Other:

**Note to Wish-Granters:** Please complete an in-kind form for each in-kind donation you receive for a wish child. Donations include items or services given free of charge **or** at a discounted price. Mail or fax this form to the MAWF office. The donor will be entered into the Make-A-Wish database, sent a quarterly newsletter and sent an official acknowledgment letter\* for tax purposes.

**\*A personal thank-you note must also be sent to the donor by the person who receives the donation.**

-----  
*Office use only:*  Entered into Raiser's Edge  Acknowledgment sent  
 Entered into Wish Module Wish Manager \_\_\_\_\_