



Inkind Form

Donation Date(s): _____

Personal Services

Description of Services:	Value Calculation:			Total Value:
	# hours	rate per hour	subtotal	\$
	<input type="text"/>	<input type="text"/>	= \$ <input type="text"/>	
	fringe benefits subtotal	fringe rate	fringe subtotal	
	\$ <input type="text"/>	x 28%	= \$ <input type="text"/>	

Goods/Other

Quantity and Description of Donation:	Total Value:
<input type="text"/>	\$ <input type="text"/>
	<input type="checkbox"/> Value provided by donor.

Meals

Meal Type	# Days	# Volunteers	Rate	Subtotal	Total Value:
Breakfast	<input type="text"/>	x <input type="text"/>	\$1.71	= \$ <input type="text"/>	\$
Lunch	<input type="text"/>	x <input type="text"/>	\$3.16	= \$ <input type="text"/>	
Snack	<input type="text"/>	x <input type="text"/>	\$0.86	= \$ <input type="text"/>	

Donor Information

Donor Name: _____

Organization Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Add me to your mailing list.

By signing this form, I certify that the above listed donation to CEO was not purchased with or compensated by Federal funds.

Donor Signature: _____ **Date:** _____

For internal use only:

Staff Witness Name (print): _____ Date: _____

Staff Witness Signature: _____ Program/Site: _____