

GIFT-IN-KIND Donation Form

Name of Person:			Title:		
Name of Company:				Date:	
Mailing Address:					
City:	State:	Zip: _	Pho	ne:	
Description of Gift or Service:					
Value of Gift or Service (to be completed by donor): \$				
Approximate Number of Students Served (if know					
	,				
Designation of Gift or Service (for example, school or program name):					
(This is not a receipt. Please return this form to Salt Lake	e Education Fo	oundation to r	eceive an official rece	pt to be used for IRS purp	oses.)
FOR USE BY THE SA	ALT LAKE	EDUCATI	ON FOUNDATIO	ON	
Value of Gift (if not completed by donor): \$		Approximat	e Number of Stud	lents Served:	
Source of Estimated Value:				_ Initial:	