



The Voice of Early Childhood

### Verification of In Kind Donation

Send completed form to Sharon at [sseitam@paeyc.org](mailto:sseitam@paeyc.org) or via fax at (412) 421-7624.

DONOR/ORGANIZATION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

DONOR ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

DATE OF DONATION \_\_\_\_\_

DESCRIPTION OF GOODS OR SERVICES DONATED (INCLUDE QUANTITIES)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAIR MARKET VALUE OF IN-KIND GOODS OR SERVICES

\$ \_\_\_\_\_

\_\_\_\_\_

To be completed by PAEYC

Recorded \_\_\_\_\_ (date) \_\_\_\_\_ Approved \_\_\_\_\_

Thank you letter sent \_\_\_\_\_