



LITTLE RIVER
WETLANDS PROJECT

Gift In-Kind Donation Form

Date: _____ Name: _____ Phone: _____
Street Address: _____ Zip Code: _____
City: _____ State: _____ Email: _____

Description of item(s), gift(s), or service(s): _____

Total estimated fair market value: \$ _____

Check one of the following:

- Donor statement of value Appraisal attached Receipt attached

Donation restrictions (if applicable): _____

Donor's signature: _____ Date: _____

Check here if you do not want your name published in connection with this donation.