

In Kind Contribution - COMMUNITY/PROFESSIONAL

PLEASE be sure all information is legible and complete.

Donor's First and Last Name	Date of donation	Check One: Community <input type="checkbox"/> Professional <input type="checkbox"/> Student Intern <input type="checkbox"/>
Mailing Address	Location/Classroom	
City, State, ZIP	Program	
E-mail		

TIME DONATION – ONCE PER MONTH		
See back of form for logging multiple time donations for month		
Occupation: • Example: High School student, retired professional (specify) • Type of profession, years of experience, level of degree attained.	Professional Qualification: (educational qualification(s))	Student Intern: School Attending:
Services Provided: (specific duties performed i.e. classroom aide, guest speaker and topic, etc.)	Number of hours _____ Rate per hour _____	Field of Study:

GOODS DONATION					
(Includes mileage, kid's clothing, supplies, equipment, materials, etc.)					
Please itemize AND state the value of each item, i.e. 2 eight-piece puzzles @ \$2.50 each; 3 pkgs. of 75 Styrofoam cups @ .89 each, etc.					
Date	Items Donated	Value	Date	Items Donated	Value
Value Total					

CASH DONATION
Amount \$

***ALL donated cash or checks must be delivered to the Fiscal Department with the completed In-kind Contribution form, prior to spending

Donor/Volunteer Signature _____ Date _____ Reach Dane Authorized Signature _____ Date _____

In Kind Contribution - COMMUNITY/PROFESSIONAL

PLEASE be sure all information is legible and complete.

Donor's first and last name	Date of donation	Check One: Community <input type="checkbox"/> Professional <input type="checkbox"/> Student Intern <input type="checkbox"/>
Mailing Address	Location/Classroom	
City, State, ZIP	Program	
E-mail		

TIME DONATION					
Occupation: •If student, school and year (i.e. West High School - Sophomore) and major field of study. • If professional, specify profession, years of experience, degree attained.			Professional Qualification: (educational qualification(s))		Student Intern: School Attending: Field of Study:
Date	Time In	Time Out	Total Hours	Services Provided: (specific duties performed i.e. classroom aide, etc.)	
TOTAL					

Volunteer Signature _____ Date _____ Reach Dane Authorized Signature _____ Date _____