



# SPRING FEST In-Kind Donation Form

PLEASE RETURN TO:

Clay Art Center 40 Beech Street, Port Chester NY 10573  
 T 914.937.2047 • F 914.935.1205

Today's Date: \_\_\_\_\_ STAFF OR VOLUNTEER SOLICITOR NAME: \_\_\_\_\_

## DONOR INFORMATION

Donor Name (as it should appear on documentation): \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## ITEM INFORMATION

ITEM NAME	HOW MANY?	DESCRIPTION	*FAIR MARKET VALUE

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Donor signature is required to verify that "estimated fair market value" amount was provided by actual donor.)*

**Clay Art Center is a 501(c)3 not-for-profit organization, Tax I.D. No. 20-4611534**

*This form does not serve as a receipt for your contribution, but is intended for our internal record keeping purposes only. A receipt describing the items or merchandise donated will be mailed to the address supplied above. Clay Art Center is unable to include the estimated value on the donor receipt. It is the responsibility of the donor to substantiate the fair market value for his/her own tax purposes. The donation of services, although very valuable and much appreciated, is generally not considered tax deductible by the IRS. Please consult with your tax advisor to determine the tax implications of your gift.*

FOR OFFICE USE ONLY: Entered SF \_\_\_\_\_ Letter \_\_\_\_\_ Note: \_\_\_\_\_