

INTERSECTION INCUBATOR - IN-KIND DONATIONS

Date: _____

Name of Fiscally Sponsored Project: _____

Donor/Contact Name	
Organization (if applicable)	
Mailing Address	
City, State, Zip	
Telephone	
E-mail	
Item(s) Donated	
Estimated Value*	
Person Receiving Donation	
Date of Donation	

Notes/Additional Info: _____

Name of Project Director: _____

Signature of Project Director: _____

**For information purposes only. This amount will not appear on the letter that Intersection sends to the donor for tax purposes. The donor is responsible for valuing any IRS deduction.*

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