



P.O. Box 2193
Charlottetown, PE C1A 8B9

IN-KIND DONATION FORM

Description of Item (include quantities): _____

Estimated Fair Market Value per Donor: \$ _____

Individual donor or company name: _____

Name of person to be thanked: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Donor Signature: _____ Date: _____

Received By: _____ Date: _____