



P O Box 2193 Stn Central  
Charlottetown PE C1A 8B9

## IN KIND DONATION FORM

**Description of Item** (include quantities): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Fair Market Value:** \$ \_\_\_\_\_

Individual Donor or Company Name: \_\_\_\_\_

Name of Person to be Thanked: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

\*Sales receipt (exclude taxes), estimate if \$1,000 or less, or appraisal if over \$1,000