



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