

In-Kind Contribution Form



Donor's Name: _____ Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Please indicate if this is a home or business address: Home address Business address

Describe item (s) donated:

Check if applicable:

Item (s) enclosed

Item (s) will be delivered to _____ by donor.

Item (s) will be available to be picked up on _____

Where (if different from address listed above) _____

Thank you for this tax-deductible contribution! The Music In The Metro-Iowa Tax : 504RND-000328646

Signature of Donor

Title

____/____/____
Date

Please sign and return completed form

Music In The Metro
Richard Galbreath
3712 SW 33rd Street
Des Moines, IA 50312

FOR STAFF USE ONLY

Item Received (date) _____ by _____

Acknowledgement sent (date) _____ by _____