

# In-Kind Donation Form



Company Name \_\_\_\_\_ Date \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**My In-Kind Gift** (list below)

Goods, Services or Equipment and Market Value	Market Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please print and return completed form to:**

**Dream Pursuit, Inc.  
PO Box 888  
Dexter, MO 63841**

*Should you have any questions, please don't hesitate to email us at [dream@dreampursuit.org](mailto:dream@dreampursuit.org) or call 573.421.5580 and thank you for your kindness and compassion!*