



"Making A Difference Each Day In Every Way"

Gift-In-Kind Donation Form

(Use this form to describe all In-Kind donations that are being made to benefit the Kenard Lang Foundation, which will serve as its custodian)

TO: _____ DATE: _____

FROM: _____ PHONE: _____

GIFT FACILITATOR'S NAME: _____

DESCRIPTION OF GIFT (detailed description):

ESTIMATED VALUE: \$ _____
(Please Circle One)

(a) Donor statement of value (b) Appraisal attached (c) Receipt attached

DONOR INFORMATION (Tax receipt and thank you card will be sent for ALL gifts)

NAME _____ TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (daytime) _____

DATE OF DONATION: _____

SIGNATURE OF DONOR: _____

COMMENTS: _____

Please return this form to:
Kenard Lang Foundation, Inc.
P.O. Box 680158
Orlando, Florida 32868-0158
Telephone: (321) 438-6935

If you have any questions regarding this form, please call (407) 383-2345