



In-Kind Donation Receipt

Donor: _____ Contact Name: _____

Address: _____

Email: _____ Donating to (Friends Group): _____

Items/Services contributed

Value

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Value: \$ _____

Where/How will the items be used: _____

Donation received by:

Signature of Authorized Project Liaison

Date

Printed name of Authorized Project Liaison

_____, Park Pride
Allison Barnett, Associate Director

Date

Park Pride, Inc. (Federal ID # 58-1883895) is a 501C-3 nonprofit organization; your gift is tax deductible as allowed by state and federal guidelines.