



GIFT-IN-KIND DONOR FORM

Event Name: Murder Mystery Dinner

Event Date: *November 15, 2025*

Volunteer Solicitor Name: _____

***PLEASE NOTE: Receipt cannot be issued without complete information.**

DONOR INFORMATION:

- Individual
- Organization/Company

Contact Person (for Organization/Company):

Name: _____ Phone: _____ Email: _____

Donor Name (For Program): _____

Address: _____

Phone: _____ Email: _____

Website: _____

Donation Information:

Item Description: (specify color, size, material, time available, or other requirements):

Estimated Fair Market Value of Item \$ _____ (Determined by donor)

The Donor Signature line must be signed to verify that the "estimated fair market value" amount was provided by the actual donor.

Donor Signature: _____ Date: _____

Check applicable items:

- Tangible Gift
- Gift Certificate (if this donation is a gift certificate, please attach.)
- Donors will provide display materials (brochures, photos, posters, etc.) for intangible items.

Item to be picked up @ Location: _____ By (date and time): _____

Item received by TSF Staff Initials _____ Date: _____ Lot # _____ Batch # _____

Winner Name: _____ Phone Number: _____

Address: _____

Method of Delivery to Winner:

- Given to winner at event
- Item held for later pick-up

P.O. Box 542, Irwin, Pennsylvania 15642-3403

www.theshorefoundation.org

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