

CAMP SUMMIT IN-KIND (NON-CASH) DONATION

17210 Campbell Road, Suite 180-W, Dallas, TX 75252

Ph: 972.528.7842 FAX: 972-620-1945 E-mail: k.gray@campsummittx.org

www.CampSummitTx.org

Please mail, e-mail, or fax completed form to Camp Summit.

Camp Summit's Tax ID# 75-2488486

DONOR INFORMATION: Please print & make any necessary corrections to the information below.

Date: _____

Company Name _____

Company Contact/Individual Donor's Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Website Address _____

Send acknowledgement and/or Comments to (only if different from above): _____

Donation Description: Include Expiration Date; Restrictions; Location; Quantity; Brand Name; Serial #; Etc... _____

Fair Market Value* _____ Method Used to Determine Value _____

*Estimated value greater than \$500 but less than \$5,000: Donor will be asked to supply documentation as to their fair market value of the donation. Donor must file completed IRS form 8283 with their tax return.
Estimated value greater than \$5,000: IRS regulations require donor to provide Camp Summit a written appraisal by a qualified appraiser and must provide a copy of appraisal and completed IRS form 8283 with their tax return.

Donation Solicited By: (print name) _____

Phone _____ E-Mail _____

Please send future in kind donation requests by:

U.S. mail. Send to (if different from above address): _____

E-mail. Send to: _____

Online Application. Send to: _____

Office Use Only

Copy Made _____ Fwd. for A/S data entry _____

D/Q Entry _____ Thank You Letter _____

MEMO:

A/S Category

- | | | |
|--|--|---|
| <input type="checkbox"/> Accessories | <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Outings & Exper. |
| <input type="checkbox"/> Big Board | <input type="checkbox"/> Just for Me | <input type="checkbox"/> Special Occasion |
| <input type="checkbox"/> Casual Dining | <input type="checkbox"/> Kid Around | <input type="checkbox"/> Sports & Leisure |
| <input type="checkbox"/> Date Night | <input type="checkbox"/> Live | |
| <input type="checkbox"/> Great Escapes | <input type="checkbox"/> One of a Kind | |