

Berry Family Services' *Boots & Bandanas* Dinner and Auction
Benefitting Camp Summit

Camp Summit's
Tax ID#
75-2488486

IN-KIND (NON-CASH) DONATION FORM
17210 Campbell Road, Suite 180-W, Dallas, TX 75252
Ph: 972.528.7842 Fax: 972.620.1945 E-mail: d.williamson@campsummittx.org
www.CampSummitTX.org

Auction #

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

DONOR INFORMATION:

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

Company or Individual Donor's Name: _____

Company Contact: _____ 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.

IF YOU HAVE QUESTIONS OR NEED ADDITIONAL INFORMATION, PLEASE CONTACT CAMP SUMMIT.

THANK YOU

Donation Solicited By: (Print Name) _____

Phone: _____ E-Mail: _____

<u>Office Use Only</u>	<u>A/S Category</u>
D/Q Entry: _____	<input type="checkbox"/> Dining <input type="checkbox"/> Exclusive
Thank You Letter: _____	<input type="checkbox"/> Family Fun <input type="checkbox"/> Gifts
Spreadsheet Entry: _____	<input type="checkbox"/> Home Sweet Home <input type="checkbox"/> Live
Fwd. for Auction Data Entry: _____	<input type="checkbox"/> Outings & Experiences <input type="checkbox"/> Sports
MEMO: _____	<input type="checkbox"/> Travel