

New Light MCC In-Kind Donation Form

Please help us accurately process and acknowledge your donation:

*Print clearly

*Complete the entire form

*Provide a fair market estimate of your donation. Per IRS regulations, New Light MCC is not able to value your donation for you.

Donor Information

Date: _____

Donor (Individual, Organization or Group): _____

Parent/Guardian Name (if donor is under 18): _____

Organization/Group Contact Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____

Value of Gift: _____

This donation is given in **Memory of: Honor of:**

If New Light MCC is unable to use your donation do you want it returned to you?

- Yes · No

- Check here if you do not require a receipt/acknowledgement for your donation.

Staff Section

This donation was received by: _____

Department: _____ Phone: _____

Thank you note sent by: _____ Date: _____

Additional Information: _____
