

# Twin County United Way In-Kind Donation Sheet

Date: \_\_\_\_\_

United Way Certification: I certify that all articles/services listed below will be accepted as a donation (*United Way representative must sign*).

\_\_\_\_\_  
(Please Sign) \_\_\_\_\_

Company or Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

<u>Quantity</u>	<u>Complete of Article or Service Provided</u>	<u>Unit Price</u>	<u>Amount</u>	<u>Is This Something We Would Of Had To Have Paid For?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Dollar Amount of Donated Goods or Services:				

Date \_\_\_\_\_

\_\_\_\_\_  
(Please Sign) \_\_\_\_\_