

# In-Kind Donation Verification Form



This form serves as verification that the undersigned donated product(s)/services(s) to Anchor Center for Blind Children.

Donor Name(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: H: \_\_\_\_\_ W: \_\_\_\_\_

Email \*: \_\_\_\_\_

\* Providing my email address grants Anchor Center the permission to send information and communication. My address will not be provided or sold to any other organization.

Description of Product(s)/Service(s):

*Thank you!*

List Special Event, if applicable \_\_\_\_\_

Estimated Value: (provided by donor) \$ \_\_\_\_\_

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

Anchor Center for Blind Children reserves the right to refuse in-kind donations if the item/service cannot be used by the agency. It is the sole responsibility of the donor to determine the value of a donation. Anchor Center employees cannot determine the value or sign anything that agrees or disagrees with the value claimed. Gifts of real estate, vehicles or items valued at over \$5,000 must have acceptance approval by the Development Department. For gifts valued at over \$5,000, Anchor Center is required to complete and file all applicable IRS forms.

## Anchor Center for Blind Children

2550 Roslyn Street · Denver, CO 80238

(phone) 303-377-9732 · (fax) 303-377-9744 · [www.anchorcenter.org](http://www.anchorcenter.org)

### Office Use Only:

Thank you date: \_\_\_\_\_ Initials: \_\_\_\_\_ RE date: \_\_\_\_\_ Initials: \_\_\_\_\_ QB date: \_\_\_\_\_ Initials: \_\_\_\_\_

(Original to Development Dept – Carbon copy to Donor)