

Salt Lake Arts Academy In-Kind Donation Form

Corporate/Business/ Individual Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Person authorizing donation: _____
(please print)

In-Kind Donation facilitated by _____
(SL Arts Representative)

Date of donation: _____

Description of item: (Please feel free to attach additional sheet if needed. Please be sure to include receipt on purchased items.)

Type of Item	Quantity / Description	Donor Assigned Value	Valuation at
			<input type="checkbox"/> retail <input type="checkbox"/> market
			<input type="checkbox"/> retail <input type="checkbox"/> market
			<input type="checkbox"/> retail <input type="checkbox"/> market
			<input type="checkbox"/> retail <input type="checkbox"/> market

SL Arts Tax Identification number 73-1639325
Please return completed form to SL Arts Development for data entry.
Salt Lake Arts Academy
844 South 200 East
Salt Lake City, Utah 84111

1. Donation Rec'd ____yes ____no
2. Acknowledgement sent ____yes Date_____
3. Acknowledged in donor database__ Yes Date_____