In-Kind Donations of Goods and Services to Northeast South Dakota Head Start Program

Office Use Only:

Donor Name or Company: _____

Phone or Email: _____

Description of item(s) or service(s) donated:	Estimated Fair Market Value:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total In-Kind Value: _____

Donor Signature: _____

Staff Signature: _____

Head Start Unit: _____ **Date Received:** _____