


Educational Community

IN-KIND CONTRIBUTION FORM

Donor Company or Individual Name: _____

Company Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Detailed Description of Donated Item(s): _____

Solicited by: _____

Purpose/Event: _____

Date of Contribution: _____

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Please Complete and Return To:
Cranbrook Educational Community
Development Gift Processing
32991 Woodward Avenue
PO Box 801
Bloomfield Hills, MI 48303-0801
Phone: (248) 645-3141

For Internal Use Only:

Donor ID _____

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Submitted By _____

Fund Number _____

Date _____