



Columbia Community Foundation ♦ P.O. Box 567 ♦ Columbia Station, Ohio 44028  
Phone: 440-236-8000 ♦ Fax: 440-236-5287 ♦ info@columbiacommunityfoundation.org  
www.columbiacommunityfoundation.org  
Registered 501(c)(3) Non-Profit Public Charity

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## **2010 Fall Gala In-Kind Product or Service Donation Form**

*To ensure listing in the Fall Gala Event Program, this form and the donated item(s) must be received by the foundation no later than Monday, October 25, 2010. This form will serve as your donation receipt for tax purposes. We will send you a donation receipt for your tax records after this form has been received.*

**Donor Full Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Description of product(s) or service(s) being donated:**

\_\_\_\_\_ **Value of donation: \$** \_\_\_\_\_

\_\_\_\_\_ **Value of donation: \$** \_\_\_\_\_

\_\_\_\_\_ **Value of donation: \$** \_\_\_\_\_

\_\_\_\_\_ **Value of donation: \$** \_\_\_\_\_

**Total Value of all donations: \$** \_\_\_\_\_

**The Columbia Community Foundation would like to thank you for your donation. We greatly appreciate your generosity.**

**Donor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Foundation Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail this completed form to:**

**Columbia Community Foundation**

**Attn: Fall Gala**

**P.O. Box 567**

**Columbia Station, OH 44028**

**Tax ID #26-1095804**

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*Contributions are tax deductible to the fullest extent of the law so please consult your professional tax advisor for proper deductibility.*

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