



In-Kind Donation Form

If you would like to have your expenses/donation deducted for tax purposes please complete and submit this form to the CALF office, Attention Accounting.

Name of Item: _____

Detailed Description of Item Donated: _____

Donated for (Event and Date): _____

Estimated value: \$ _____

Name of donor: _____

Telephone: _____

Mailing address: _____

Estimated Hours Donated (informational only): _____

Other Information: _____

Office Use Only:

To be recorded as: _____

Total \$ amount: _____

Return to:
California Agricultural Leadership Foundation
Attn: Accounting
P.O. Box 479
Salinas, California 93902-0479
FAX: 831-424-4107