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