



In-Kind Donation Form

Please Print:

Name: _____ Date: _____

Name of Group (if applicable): _____

Select: Personal Church Employer School Other

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email address: _____

Please list the items donated:

<i>Description of Item Donated</i>	<i>Quantity</i>	<i>Fair Market Value (\$)</i>

Additional Note(s): _____

Number of volunteers: _____ Number of volunteer hours: _____ Total hours: _____

For Lutheran Social Service Staff ONLY:

LSS Employee Accepting Gift: _____ Service Site: _____

Service Name: _____ Unit Number: _____

NOTE: Our office will send an acknowledgement letter with tax information to the donor. Upon completion, please email form to development@lssmn.org **within 3 business days** after receiving the gift.

If this is not possible, please mail to:

LSS State Center
Attn: Development
2485 Como Ave
St Paul, MN 55108