

**COMMUNITY ARTS AGENCY**

[ADDRESS]  
[City, Georgia ZIP]  
Tel Fax

**IN-KIND CONTRIBUTION**

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Please complete this contribution form so CAA may apply your in-kind contributions toward our records.

Personal Services:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Estimated Value of Time: \_\_\_\_\_

Brief Description: \_\_\_\_\_

Comment: \_\_\_\_\_

Materials/Equipment Donation:

Nature of Materials/Equipment: \_\_\_\_\_

Number: \_\_\_\_\_

Description: \_\_\_\_\_

Estimated Market Value: \_\_\_\_\_

*Thanks for your help! With each in-kind contribution of time or materials and equipment, you assist us in obtaining grants and operating funds.*

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**Valuation:** The Agency may accept your valuation of your gift for insurance purposes but may not determine value for any purpose.

It is understood that I donate the time or materials listed above without condition to Community Art Agency.

I certify that an In-Kind Donation and the subject thereof were physically present in Community Arts Agency prior to the meeting of the Board of the Agency on the \_\_\_ day of \_\_\_\_\_, 2\_\_\_, at which meeting the Board accepted the donation as described above.

**DONOR:**

\_\_\_\_\_  
Signature Date

COMMUNITY ARTS AGENCY

\_\_\_\_\_  
Chair Date