

Make – A - Wish Foundation®
Of Southern Nevada
3885 South Decatur Boulevard, Suite 1000
Las Vegas, NV 89103
702-212-9474
702-367-0301 fax



In-Kind Contribution Form (Tangible Goods/Services)
Donor Information

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

In – Kind Gift Information

Item/Service Donated: _____

Date of Contribution: _____ Fair Market Value: \$ _____

Description of Item/Service: _____

How was Fair Market Value Established?

Donor Invoice _____ Appraisal* _____ Sales Receipt _____ Donor Stated Value _____

*If greater Than \$5,000 attach form 8283 and copy of appraisal.

Donor Signature: _____ Date: _____

Thank you for your generosity!

Project: Make A Wish Wishing Place of Southern Nevada

