215 Jefferson Street
Paducah, KY 42001
quiltmuseum.org
270-442-8856

IN-KIND DONATION FORM

Donor Name (Individual): _____

Business Name Donor: _____

Contact Name (if Business): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

NQM Shop/Program/Dept. Receiving Gift: _____

Date Gift Received: _____Value of Gift: $_____

Value determination? ____By Donor ____IRS Qualified Appraiser ____Internet Research ____Other*

- *If other, please describe:* _____
  _____

Description of Gift/Service/Time (Brand, Model, Serial #, Etc.):

_____
_____
_____
_____

Receiving Staff Member Signature / Date:

_____

Department Head Signature / Date:

_____