



**Special Olympics**  
*Idaho*

**IN-KIND CONTRIBUTION FORM**

***Thank you for your support of Special Olympics Idaho.***

In order for us to accurately reflect the true cost of operating our program it is important for us to have a record of your in-kind contributions. This report summarizes in-kind contributions of time, goods, and services. Please be as complete as possible in describing your contribution and use the back of this form if more space is necessary. Use a separate expense reimbursement form to list expenses for which you wish to be reimbursed.

***Donor Name:*** \_\_\_\_\_

***Address:*** \_\_\_\_\_

***City:*** \_\_\_\_\_

***State:*** \_\_\_\_\_

***ZIP:*** \_\_\_\_\_

***Contact:*** \_\_\_\_\_

***Phone:*** \_\_\_\_\_

**Goods & Services** ~ Contributed goods and services are those for which you will receive no reimbursement from Idaho Special Olympics; i.e., long-distance phone charges, postage, photocopies, supplies, mileage or other transportation, meals or lodging, equipment, food, etc. Please provide a value for all donated goods & services. **Special Olympics Idaho cannot assign a value for donated goods. When donating purchased goods, please provide a receipt of purchase if possible.**

| Date | Description of Goods or Services           | Contrib. Value |
|------|--|----------------|
|      |  | \$             |
|      |  |                |
|      |  |                |
|      |  |                |
|      |  |                |
|      |  |                |
|      |  |                |
|      | <b>Total Value of Goods &amp; Services</b> | \$             |

**Contributions of Time** ~ Volunteer hours have a monetary value only if the hours are spent doing the same type of work for which you are normally paid; i.e., computer programming, accounting, legal consultation, etc.

| Date | Professional Hours (list occupation & service provided) | No. Hrs. | Hrly. Rate | Contrib. Value |
|------|---|----------|------------|----------------|
|      |   |          | \$         | \$             |
|      |   |          |            |                |
|      |   |          |            |                |
|      |   |          |            |                |
|      |   |          |            |                |
|      | <b>Total Value Of Contributed Time</b>                  |          |            | \$             |

**Donor Signature:** \_\_\_\_\_

**Received By (SOID Signature): Laurie La Follette** \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

Special Olympics Idaho 199 E. 52<sup>nd</sup> St, Garden City, Idaho 83714 PH: 1-800-915-6510

*Please retain a copy for tax deductible purposes.*