



GLEANERS

IN-KIND DONATION FORM

Description of item:

Estimate Fair Market Value \$ _____

Fair Market Value of any goods or services given to donor in return \$ _____

(To be filled out by Gleaners Food Bank of Indiana, Inc.)

Donor's Name: _____

Email Address: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date: Donated: _____ Received By: _____

This receipt is provided to assist you in claiming deductions for charitable contributions.

Approval: _____

Gleaners Staff Signature

Instructions

1. Complete form for all donated In-kind items.
2. Return to Gleaners Food Bank
Fax: 317-927-3189
Via email to lbayless@gleaners.org
Mail: Gleaners Food Bank of Indiana, Inc.
3737 Waldemere Ave., Indianapolis, IN 46241

Distribution: Gleaners office only

- One copy to donor
- One copy to local office
- Two copies to finance for all non-auction items.



3737 Waldemere Avenue, Indianapolis, IN 46241
317-925-0191 / 800-944-9166 / 317-927-3189 (Fax)
gleaners.org / gleaners@gleaners.org

