

In Kind Donation Form



Date: _____

I would like to donate: _____

Donated By:

Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ (Information not required)

Your contribution helps The Elizabethan Gardens fulfill our mission of sharing our unique history, providing educational opportunities, enhancing the visitors' experience and preserving the beauty and tranquility of The Elizabethan Gardens. This document shall serve as notification that no goods or services were provided to you in exchange for this contribution. Please keep this acknowledgement and our Federal Tax ID # 56-6061040 for your tax records.

Received: In Person _____ Via Phone: _____ Via Mail: _____ Via Fax: _____

Approximate value of donation: \$ _____

If this is a CASH DONATION what is the amount given \$ _____

X _____ (Donor's Signature)

X _____ (The Elizabethan Gardens' Representative)

A copy of this document will serve as your receipt. If you need additional proof of donation, please specify below what verification you need and where it should be sent. _____

