

Form # _____
SD Master Chorale Tax ID # 23-7451291

In-Kind Donation Form

Date: _____
Contact Name: _____
Business Name: _____
Address: _____
Business Phone: _____
Home Phone: _____
Signature: _____

Attach Donor Business Card Here
(optional)

Donor Listing for Printed Program and Website: _____

Item Description	Item Value
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Restrictions/Expiration, if any: _____

NOTES BY SD MASTER CHORALE STAFF:

Item will be: Taken today Picked up; date & time of pickup: _____
Or...Gift certificate provided by: Donor Committee
SD Master Chorale representative: _____
Email: _____ Phone: _____