

IN-KIND CONTRIBUTION FORM (NON-MONETARY)

Name of Committee: _____

Donor: _____
(Name)

(Address)

(City) (State) (Zip Code)

If Donor is Individual: _____
(Name)

(Employer – If Self-Employed, Name of Business)

(FPPC I.D. # for committees only)

Description of goods or services donated: _____

Date: _____

Fair Market Value: _____

(The fair market value is whatever it would cost to obtain the donated goods or services on the open market, and not necessarily the cost to the donor of providing the goods or services.)