



| In Kind Contribution Form

P.O. Box 2866
 Great Falls, MT 59403
 (406) 454-1449
 eaglemountgf@gmail.com
 www.eaglemount.net

Name (First, Last) _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Description of Donated Goods or Facilities	Date Provided or Used	Fair Market Value
TOTAL:		

- For donated goods,
 - Provide a description and number of items, date provided, and total fair market value of the items.
 - It is the donor’s responsibility to specify the value of the donated items, supported by documentation that corroborates the FMV of the goods. If the value of the donated items is more than \$5,000, an appraisal from the IRS may be required.
- For facilities,
 - The published rental rate and hours or dates the facility was used.

 Donor’s Signature Date

Eagle Mount Great Falls is a 501c3 non-profit organization driven by volunteers and donations from our local community. 81-0498964. Donations are tax deductible to the extent the law will allow. Please consult your accountant for further tax advice. Eagle Mount Great Falls does not sell, loan, or trade names or other personal data on its donors.