

## In Kind Professional Services Form

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

Name (First	, Last)			
Address	_			
City/State/Z	<u>Zip</u>			
Home Phone		Cell Phone		
Email	_			
	_			
Date(s) of Service:	Total Hours Worked	Location(s) of Service	Professional Service Performed	Fair Market Value of Service
TOTAL:				
• For <u>Pr</u>	List the n	Professional Service Definition: Notes of the volunteers or professional services, volunteers on nonprofit organizations as a state.	n per form), es of service, type of service and rate of pay. /olunteers providing a service that requires certain skills a s providing the service have those skills and qualifications eers enter what they normally charge for services. If they andard practice, use the discounted rate. Also consider ra similar services. Eagle Mount is not required to use the v	give a discount ates charged by
Donor's Signature		Dat	 e	