

**VOLUNTEERS FOR COMMUNITY IMPACT, INC.
In-Kind Form**

DATE OF DONATION: _____

PRINTED NAME OF DONOR: _____

AGENCY/COMPANY: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

Provided a donation and/or service for the Volunteers for Community Impact, Inc.

TOTAL ESTIMATED IN-KIND AMOUNT: \$_____

TYPE OF DONATION: _____

I certify that this donation was not secured through Federal funds or other Federal sources

Donor Signature

Date

VCI Signature

Date