



Child Hunger Center In-Kind Donation Form

Please complete this form and return a signed copy to:
Second Harvest, 1234 E. Front Avenue Spokane, WA 99202

Please retain a copy for your records.

Donor Information

Contact Name: _____

Business Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

Describe Donated Labor and/or Materials for the Child Hunger Center Project at Second Harvest

Value of Donated Materials	Value of Donated Labor or Services
\$ _____	\$ _____

Per IRS regulations, the donor must provide an estimate of the value of non-cash contributions. Please consult your tax advisor to determine if you need to file Form 8283 in order to claim a tax deduction for your non-cash donation.

Special Instructions

Donor Signature: _____ Date: _____

Thank you for your support.

Second Harvest is a 501(c)(3) nonprofit organization with a tax identification number of 23-7173826.
Your gift is tax deductible to the extent allowed by law. For more information, contact Jennifer Milnes, CFO at (509) 252-6263.