

In-Kind Contribution Form

Date of Receipt:		
Received by (Staff Member): _		
Solicited By:		
Send Tax Receipt to (Name/Con	tact & Mailing Address):	
Address:		
City:	State:	ZipCode:
Telephone:	Fax:	
Email:		
Restrictions on In-Kind Donatio	n (if any):	
Value established by the Donor	: \$	
If this contribution is for donate rendered and the value of thes	•	ce or a receipt indicating the dates the services were
the Camp are tax-deductible to		zation under current IRS regulations. Contributions to p's federal tax ID number is: 20-4632248. A copy of with the Colorado Secretary of State.

ADMINISTRATIVE OFFICES

8333 Colorado River Road Gypsum, CO 81637

PHONE 970.748.9983 FAX 970.748.9993