



United Way
of Lowndes & Noxubee
223 22nd Street North
P.O. Box 266
Columbus, MS 39703
662-370-1922
EIN # 64-0567987

In-Kind Contribution Form

Contributor Information

Name of business or individual: _____

Name of Primary Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone (_____) _____ Cell Phone: (_____) _____

Home Phone: (_____) _____ Email: _____

Contributed Goods or Services

Description of contributed goods or services: _____

Real or estimated value of contribution: \$ _____

How was the value determined (please circle one)? Actual Value / Appraised Value / Other

If "Other" please explain: _____

Who made this value determination? _____

Is there a restriction on the use of this contribution (please circle one)? YES NO

Was this contribution obtained with or supported by Federal funds (please circle one)? YES NO

If yes, please provide the name of the Federal agency and the grant or contact number: _____

Date Contributed _____ Signature of Contributor: _____