

GHOST RANCH



In-Kind Donation Form

Please print legibly

Donation Date _____

Donor/Organization Name: _____

Contact Person: _____

Address: _____

City: _____ St. _____ Zip: _____

Phone: _____

E-Mail: _____

Item(s) Description:

Value of the in-kind donation(s): \$ _____

Fair market value as determined by donor: The IRS defines Fair Market Value as “the price a willing knowledgeable buyer would pay a willing, knowledgeable seller when neither has to buy or sell.” **Please save your receipts and consult your tax advisor for tax-deductibility.**

Signature: _____

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