



GENERIC GIFT IN KIND FORM

Date: _____ Gifts to 501 C 3 Organization: _____

Address of the Organization: _____

ESA Chapter Name: _____ Number _____

Contact Name: _____

Address: _____

City State Zip: _____

Phone: _____ Email: _____

Quantity	Item	Estimated Value
		<hr/> <p>Total:</p>

Please mail or fax this form to the organization, SEND a copy to the 2nd Vice President of the Kansas State Council and keep a copy for your chapter records.