



## IN-KIND DONATION FORM

Please fill out this form completely so that we may accurately record and acknowledge your donation.  
(An estimated value of the item(s) is required)

**Description of Item:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Value:** \$ \_\_\_\_\_

**Type of Donation:** [Product] [Gift Certificate/Voucher] [Other] \_\_\_\_\_

**Donation is:** [Enclosed] [Needing Pickup] [Will be sent at a later date: \_\_\_\_/\_\_\_\_/\_\_\_\_]

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*Please acknowledge this donation as follows\****

**Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

St. Matthew Community Theater  
4101 Washington St NE  
Columbia Heights, MN 55421

or **EMAIL US** (preferred):  
[st.matthewcommunitytheater@gmail.com](mailto:st.matthewcommunitytheater@gmail.com)  
subject: In-Kind Donation