Hillsborough Auxiliary to Peninsula Family Service

In-Kind Donation Form

Please complete this form and return to: HAPFS, P.O. Box 2086, Burlingame, CA 94011

Donor Information:	Donation Information:
Name: _____ Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Email: _____	(Please be as specific as possible) Exclusions:
Date of Donation: _____ _____	Fair Market Value: $_____ Expiration Date: _____ (if applicable)

Tax-deductible as provided by law.

Donor understands that this gift may be sold at auction if an appropriate price can be obtained. Donor agrees to hold harmless the Hillsborough Auxiliary and it's agents from any claim, loss, damage, or liability of any kind or nature arising from this gift or its sale .

Donor Signature: _____ HAPFS Member Signature _____

Thank you for your support and investment in our community!

HAPFS gratefully acknowledges your in-kind gifts. No goods or services were provided for your donation. HAPFS cannot attach a dollar value to your gift. IRS Form 8283 and its instructions can assist you with your tax reporting obligations.

HAPFS Tax ID: 94-1186169