



In-kind Donation Form

Entered in RE: _____

Any and all donations made to the museum will be acknowledged with a formal letter from the Development Department on behalf of the museum. Always consult your tax advisor or IRS Publication 1771, *Charitable Contributions—Substantiations and Disclosure Requirements* (www.irs.gov) when making an in-kind gift.

Thank you for your generosity.

Date of donation: _____

Contact name: _____

Company name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Brief description of items or service donated (please include, quantities, model numbers, etc. where applicable): _____

Estimated value of donation: _____

For LICM Development Department use only:

Constituency: Corporate Individual Foundation _____

Fund: Corporate Foundation Individual Federal State County _____

Event (specify): _____

Appeal: Restricted Unrestricted Sponsor (specify): _____

Please send to:
Long Island Children's Museum, Development Office
11 Davis Avenue Garden City, NY 11530
Fax: (516) 302-8188