



wayne art center  
413 maplewood avenue wayne, pa 19087  
www.wayneart.org

## Record of In-Kind Donation

Date:

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Donor Name:

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Address:

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Phone:

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Email:

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Description of Donation:

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Notes:

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Estimated Value: \_\_\_\_\_

- I require a receipt for tax purposes. (This will be mailed to the address above within two weeks of receiving the donated materials.)

Signature:

Date:

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*By signing this form, I hereby unconditionally give the Wayne Art Center the property described on this paper to be used or disposed at their discretion.*