



# UNMASKED 2019 In Kind Donation Form

Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Website: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Item Description:	Retail Value:
Additional Information and /or Restrictions (if applicable):	

Mental Health Colorado acknowledges the receipt of your in-kind donation for Tribute 2018. This donation becomes the property of Mental Health Colorado and proceeds received from its sale in our auction will support our work throughout the state.

Mental Health America of Colorado is a registered not-for-profit organization and is exempt from Federal income tax under 501(c)(3) of the Internal Revenue Code. Our federal tax identification number is 84-0446365. Donations are tax deductible in accordance with IRS regulations.

Please know that your donation is truly appreciated, as is your help in making this event a success! You will also receive a personal letter from Mental Health Colorado in acknowledgement of your gift.

\_\_\_\_\_  
(Print Donor Name)

\_\_\_\_\_  
(Donor Signature)

**For Office Use Only:**

_____ Date Received	Category: _____	Volunteer Name: _____
_____ Gift Certificate Attached	Minimum Bid: \$ _____	Volunteer Phone/Email: _____
_____ Create Gift Certificate	Bid Increments: \$ _____	_____