United Way of Southern Illinois – Gift-In-Kind Form

Step #1: Tell Us Who You Are.	(UWSI respects your p	orivacy. We <u>never</u> s	hare your information wit	h other organizations!)
🗆 Mr. 🗆 Mrs. 🗆 Ms. 🗆 D	r. Name:			
Name of Business (<i>if applica</i>	ble):			
Street Address				
City, State, ZIP				
Phone	Extension			
E-mail address			@	
<i>Step #2: Tell Us What You Are</i> What Kind of Item Are You Dor <i>(Please list each type of item</i> .	nating?		ir-Market Value	How Many of This Item Are You Donating?
(If you prefer, you can attach a s Step #3: Tell Us How You War ☐ I have no preference. I want UWSI Agencies that work on <i>what n</i>	nt United Way To to use my in-kind do	Use Your In	-Kind Donation.	
I want to support UWSI's work in th	ne following Advisor	y Board zone(s)	: (Check all that ap	ply)
🗆 Alexander, Johnson, Pulaski &	Union Cos. 🛛 🗆 Car	rbondale Area	🗆 Franklin County	🗆 Gallatin, Pope & Hardin Cos.
Greater Marion Area 🛛 Herrir	ו Area 🛛 Murphys	boro 🗆 Perry	Co. □ Saline Co.	□ White & Hamilton Counties
I want to support a specific Specia	l Event for a UWSI A	dvisory Board o	r Funded Agency:	
Name of Special Event:			Location (City &	State):
Date of Special Event:				
Step #4: Verify Your Gift to Ur	nited Way.			
The total fair-market value of ı	ny in-kind dona	tion is: \$		
Donor's Signature (required)			Date:	
Accepted for UWSI by	Date:	:		
(After review and	acceptance by UWSI, a si	igned copy of this fo	orm will be sent to you by	mail or FAX)

Thank you! Together, we work to *live united*™: Community Impact!

Way

For income tax purposes, nothing has been given by United Way of Southern Illinois in exchange for this gift. United Way of Southern Illinois, 1800 W Boulevard, Suite D; P.O. Box 1901, Marion, IL 62959 ◊ Phone: 618-997-7744 ◊ FAX: 618-993-0140

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