



In-Kind Donor Form

Contact Name/Position (if business donation):		
Business Name (if applicable):		
Business Address:		
Mailing Address: (if different)		
Phone:	Fax:	Email:

Donated Items/Services:

Please provide quantity, description, and fair market value of each item. Attach an additional page if needed.

1. _____	Value: \$ _____
2. _____	Value: \$ _____
3. _____	Value: \$ _____
4. _____	Value: \$ _____
5. _____	Value: \$ _____
6. _____	Value: \$ _____

Authorized signature: _____

Please contact me to arrange for pickup Donation Item(s) Enclosed Receipt Enclosed

MAHALO for your contribution! Imua Family Services provides comprehensive early childhood development services to children and their families with the support and resources needed to achieve their full potential in life. Imua Family Services programs include Infant & Child Development, Early Childhood Development, Imua Autism Services, Newborn Hearing Screening, Camp Imua, Imua Preschool and Dream Imua. Tax Exempt ID # 99-0194402. You will receive a letter for your donation.

If you have any questions, please contact Kandice Johns at 244-7467 or email kjohns@imuafamilyservices.org

For Office Use Only:

Date donation received: _____

Program: Camp Imua Dream Imua Paddle Imua Gala Preschool Holiday Party

Other: _____ Not specified

Entered by: _____ Date: _____

Please FAX this form to 808-242-5835, or mail with certificate(s) or donation to:
Imua Family Services, 161 S.Wakea Avenue, Kahului, HI 96732