



**United Way
of Lowndes & Noxubee**

223 22nd St No
P.O. Box 266
Columbus, MS 39703
662-370-1922
EIN: 64-0567987

In-Kind Contribution Form

Check if Donation for Golden Triangle Regional Hub

Contributor Information

Name of business or individual: _____

Name of Primary Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Contributed Goods or Services

Description of contributed goods or services:

Real or estimated value of contribution: \$ _____

How was the value determined? (Please Circle) **ACTUAL VALUE** **APPRAISAL** **OTHER**

If other, please explain: _____

Who made this value determination? _____

Is there a restriction on the use of this contribution? **YES** **No**

Was this contribution obtained with or supported by federal funds? **YES** **NO**

If yes, please provide the name of the Federal agency and the grant or contact number:

Signature of Contributor

Date of Contribution