



1150 Molly Greene Way, Bldg. 1605 North  
Charleston, SC 29405 • +1.843.769.7395

## Gift in Kind Contribution

### Personal Information

Title \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

State/Province \_\_\_\_\_ ZIP/ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I would like to receive updates from Water Mission via ☐ E-mail ☐ Postal Mail ☐ None

I would like to receive an acknowledgment letter ☐ Yes ☐ No

### Description of item (including quantity, part number, description, etc)

---

---

---

---

Value per item \_\_\_\_\_ Total value of Gift \_\_\_\_\_

Please attach (or describe) source and method of valuation as needed to substantiate fair market value; price list or other form of value calculation.

Restrictions or Limitations, if any communicated by the donor \_\_\_\_\_

---

Fund/Restriction \_\_\_\_\_

Appeal/Project \_\_\_\_\_

- - - Gifts of GIK Goods will be acknowledged however Gifts of GIK Services will not - - -

Received by \_\_\_\_\_  
WMI representative signature

Date \_\_\_\_\_

Donated by \_\_\_\_\_  
Donor signature

\_\_\_\_\_  
Donor – Print Name