



Black Swamp Area Council

BOY SCOUTS OF AMERICA

Gift in Kind Donation Form

Name of individual or organization making donation			Date: _____
Address			District: _____
City	State	Zip	Company contact
Telephone number			Email
Email			Cell Phone

Detailed list of donation items , servicer, etc

Value

Donor Signature

Total Value

For council use only

Project for	Staff name
Income Account Number	Staff signature
Expense Account Number	Approved by Council Management
Capital Campaign <i>or</i> Project sale	Camp: _____ Office: _____ Activity: _____