

## In-Kind Donation Receipt

**\*Area/Delegation Code:**

**Date:**

|                      |  |
|----------------------|--|
| Contributor:         |  |
| Event:               |  |
| Street Address:      |  |
| City/State/Zip Code: |  |

| Quantity | Description | Unit Price | Total |
|----------|-------------|------------|-------|
|          |             |            |       |

SOMN Received By (please print): \_\_\_\_\_

\*Contributor Signature: (must be signed): \_\_\_\_\_

\*SOMN Representative Signature (must be signed): \_\_\_\_\_

\* Our auditors require that all in-kind receipts be signed by the contributor. Please complete the above with a description of the in-kind donation, sign and date, and give one copy to the contributor and one copy to the Special Olympics Minnesota State Office.