



Gift In-Kind Donation Form

Date: _____

Name: _____

Address: _____

Phone Number: _____ Email: _____

Description of Gift: _____

Estimated Value: \$ _____

Donated to: _____

Donor Signature: _____

I would like tax documentation to claim this donation

Office Use Only:

Authorized Signature: _____

Please remit with original payment receipts to:

Executive Director

Society for the Study of Reproduction

1619 Monroe Street, Suite 3

Madison, WI 53711-2063

Phone: 608-256-2777

Fax: 608-256-4610