



**MADISONVILLE WOODEN BOAT FESTIVAL
IN-KIND DONATION FORM/(non-cash)
133 Mabel Drive ~ Madisonville, LA 70447
(985)845-9200 Fax (985)845-9201
www.lpbmm.org**

Name of company/individual making donation: _____

Contact name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office phone: (_____) _____ Home phone: (_____) _____

Cell phone: (_____) _____ Fax: (_____) _____

Email: _____

Comments: _____

Item(s)/service(s) donated (please be specific): _____

Donation for: WBF Maritime Mania Other _____

Use/purpose of donation: _____

Name of person who solicited donation: _____

Office phone: (_____) _____ Home phone: (_____) _____

Cell phone: (_____) _____ Fax: (_____) _____

Committee: _____

How will item(s) be acquired? Deliver to _____ Picked up by _____

Mail to _____ Other _____

Retail value of item(s)/service(s) donated: \$ _____ Total in-kind Partial in-kind

Please attach invoice showing item(s)/service(s) donated with “no charge” or “donation” on invoice.

Invoice attached: yes no other _____

Please bring form to
WBF Coordinator Office

Confirmation/acknowledgement letter sent: yes no By whom: _____

Thank-you letter sent: yes no By whom: _____ Date: _____