

In-Kind Contribution Form

Name: _____ Date of Submission: _____

Date of Contribution: _____ Type of Contribution: _____

Purpose of Contribution: _____

Invoice(s) or receipt(s) for the above must be attached in order to qualify for tax credit.

Signature: _____

Date Received : _____

Signature of Treasurer: _____

PLEASE PUT IN TREASURER'S BOX IN ASEC OFFICE.