

Rainbow City Performing Arts In-Kind Donation Form

Email this completed form to donations@rainbowcity.org

Thank you for your donation to Rainbow City Performing Arts (RCPA)! An in-kind donation is a non-cash gift made to RCPA, including goods and services. Such in-kind donations require review and approval from RCPA staff before acceptance of the in-kind donation. Thank you for considering making an in-kind donation to RCPA. As a nonprofit organization, we rely on the generosity of donors like you to support our mission of promoting diversity and inclusion through music. Your contribution of a good or service will help us to continue offering high-quality musical experiences to people of all ages and backgrounds in Seattle and the surrounding areas. Please ensure to complete this form thoroughly for RCPA staff to consider the donation. Once the form is emailed, a member of RCPA will reach out directly to the contact person listed with a formal letter of acceptance or denial. Please fill out one form for each good or service.

Is this donation related to a specific event or purpose: Yes No

List the event or purpose this donation is intended for. If it is an event, list the date of the event:

Donor Name or Corporation Name: _____

If the donor is a corporation, please list a contact name: _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Name of recognition if different from listed Donor Name (Please list anonymous, if you wish to keep the in-kind donation anonymous for donor recognition)

In-Kind Donation: Good/Item

Description _____

Quantity _____ Estimated Fair Market Value* _____ Date Given to RCPA _____

*The donor must complete the Estimated Fair Market Value (FMV). RCPA cannot place an RMV amount or interpret the value of any non-financial donations.

In-Kind Donation: Service

Description of service _____

Hours of Service _____ Rate _____ Total _____ Is this a professional service donation? Yes No

What is the area of expertise/work? _____

| FOR RCPA STAFF USE ONLY | | |
|-------------------------|--|-----------------------------|
| Date Received | Approval: Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | RCPA Staff Member _____ | |