



RCT Inkind Donation Form

Contact: _____

Organization: _____

Address: _____

City, State ZIP: _____

Phone: _____ Fax: _____

Email: _____

Item/Services Donation and Valuation

The above Donor is supporting Roanoke Children's Theatre with the following, valued at \$ _____

Production selected or program restrictions, if any: _____

Product/Services donated <small>(Per IRS regulations please itemize, using back of sheet if necessary):</small>	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RCT Sponsorship Benefits are noted per Sponsorship Level should they apply; special notations are listed below:

Authorization: I, the undersigned, agree to pledge the above in support of Roanoke Children's Theatre.

Authorized Signature (s): _____

Date: _____

For Roanoke Children's Theatre: _____

Date: _____

Thank You! Roanoke Children's Theatre is grateful for your support of the arts and youth in our community!