



AIDSAlabama
Housing Is Healthcare

3529 7th Avenue South
Birmingham, AL 35222
205-324-9822 Office
205-324-9311 Fax
www.aidsalabama.org

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AIDS Alabama In-Kind Donation Form

EIN: 58-1727755

Date: _____

Donor Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Items/Services Donated:

Is donation restricted? Yes No

If yes, Please designate: _____

Donor's Estimated Value of Donation: _____

I certify that the above items/services have been donated to AIDS Alabama, and that the amounts are accurate to the best of my knowledge.

Donor Signature Date

I certify that the above items/services have been received by AIDS Alabama.

AIDS Alabama Representative Date

No goods or services have been provided in exchange for this contribution. Contributions are tax-deductible as allowed by law; please consult with your personal tax professional to determine the deductibility of contributions.

STAFF: Please return copies of completed forms to landon.nichols@aidسالabama.org