



P.O. Box 8718 • Springfield, IL 62791 • 1-866-996-1853 • www.statefairmuseum.org

Corndog Kick-off

ITEM DONATION FORM

Donor Name: _____

Donor Signature: _____

Company Name: _____

Address: _____

City/State/Zip _____

Phone: (work) _____ (home) _____ (cell): _____

Fax: _____ Email: _____

Name to be used in promotions: _____

Donated item(s): _____

Item value: _____

Unique features/restrictions: _____

Display instructions: _____

Pick-up instructions: _____

Due to the Revenue Reconciliation Act of 1993, written acknowledgement from a charity must be received for each donation stating the amount of the contribution received and the value of goods received in exchange. Please keep this receipt for this purpose:

Name of charity: **Illinois State Fair Museum Foundation**

Tax ID: **20-5758851**

Retail value of contribution: \$ _____

Date of contribution: ____ / ____ / ____

Value of any goods or services given to donor in connection with this contribution: \$ _____

Foundation Board Member Signature

Date