

## Goods & Services Program Donor Form

### **Section One:** *(to be completed by the donor)*

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Merchandise: \_\_\_\_\_

*(attach an additional inventory sheet if needed)*

Total Number of Units Donated: \_\_\_\_\_ Retail Value (Fair Market): \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

*The donor makes no warranty, expressed or implied, including any warranty of fitness for a particular purpose, concerning items of merchandise or equipment donated for distribution for charitable purposes.*

### **Section Two:** *(to be completed by the recipient)*

Organization Name: Green Mountain United Way

Address: 963 Paine Turnpike N #2  
Montpelier, VT 05602

Authorized Signature: \_\_\_\_\_ Printed Name: Molly Gleason

### **Section Three:**

The organization named above represents that:

1. It is an organization described in Section 501(c)3 of the federal Internal Revenue Code and/or is exempt under Section 501(c)3; and is not a private foundation.
2. The goods will be used solely for the benefit of community members in need.
3. The use of the goods will relate to the purpose of the organization that qualifies it as tax exempt.
4. The goods will not be transferred (or attempted to be transferred) by the organization in exchange for money, property or other services.
5. The organization agrees to maintain adequate books and records of these donations as required by applicable tax regulations and to make such records available upon request. The organization agrees to provide complete substantiation of its distribution of all product donations upon request.

\_\_\_\_\_  
*Authorized Signature*

Molly Gleason  
*Printed Name*

\_\_\_\_\_  
*Date of Pickup*

Green Mountain United Way Federal Tax Identification Number: 03-0261384