

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: Cece Barber

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

Cece Barber
Printed Name

Date of Pickup

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