



INSTRUMENT DONATION FORM

Date: _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Email: _____

Type of Instrument: _____

Brand of Instrument: _____

Serial#: _____

Estimated Market Value: _____

IRS Regulations state that the Donor must provide estimated market value

Signature of Donor: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Thank you Letter sent: _____
Date

Inventory Date: _____

Repairs needed: Yes _____ No _____

Date delivered to Repair Shop: _____
Initials: _____

Date picked up from Repair Shop: _____
Initials: _____

Cost of Repair: _____
Attach copy of invoice