



In-Kind Services & Goods Policy

A successful event helps **Maggie's Wigs 4 Kids of Michigan** to continue to provide wigs and services to all children who come through our doors at no cost. Events also provide us with an opportunity to forge new relationships and engage new volunteers.

The generosity of individuals and businesses in the community is essential to the success of the event. We appreciate your support and belief in our mission to help the self-esteem of Michigan children as they journey through their health challenges empowering them to look and feel better.

To ensure the successful participation of our contributors, we ask that you:

- Detail your promised contributions on the attached form.
- Provide all support material, as well as staff, that may be needed to adequately provide the service, which you have offered.
- Deliver goods in a timely manner for our event. Thank you!

Your donation is 100% tax deductible. Maggie's Wigs 4 Kids of Michigan is a non-profit, charitable organization under section 501 (c) (3) of the Internal Revenue Code.

The Kids Thank You For Your Support!

Maggie's Wigs 4 Kids of Michigan, Inc.
30130 Harper Ave., St. Clair Shores, MI 48082
Phone: 586-772-6656 Fax: 586-772-6674
Email: maggie@wigs4kids.org Website: www.wigs4kids.org



Maggie's
Wigs 4 Kids
of Michigan

Helping the self-esteem of children

OFFER OF IN-KIND SERVICES & GOODS

Date of Donation: _____

Name of Donor: _____

What is the Nature of your Contribution? _____

EVENT PROVIDED FOR: _____

What is the Value of your Donation? \$_____ (a tax receipt will be provided)

If this is a service, how long will this contribution be offered during the event (if applicable)? _____

Arrival Time: _____ Start Time: _____ End Time: _____

Do you need electricity? _____

Please specify any additional information deemed necessary: _____

**I HAVE READ AND COMPLETED THE POLICY FOR DONATING SERVICES & GOODS
TO MAGGIE'S WIGS 4 KIDS OF MICHIGAN AND I HEREBY AGREE TO HONOR
THIS AGREEMENT.**

Signature of Contact Person Title

Printed Name of Contact Person

Your Company or Organization

Address City State Zip

Phone Cell Phone Fax

Email Address

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