

# *Harrington Opera House Society*

## **Payment In Kind Form**

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Name(s) of Donating Party: \_\_\_\_\_

\_\_\_\_\_

Address (if available): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. (if available): \_\_\_\_\_

\_\_\_\_\_

Hours Donated: \_\_\_\_\_

Mileage Donated: \_\_\_\_\_

(Total distance-“to-and-from”)

Description of  
Donation: \_\_\_\_\_

\_\_\_\_\_

Items Donated & Monetary Value:  
(continue on back of form-if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_