



SERVICE OR IN-KIND DONATION APPLICATION

PLEASE PRINT

Name of Donor: _____ Date donated: _____

Company Name: _____ EIN: _____

Donor Address: _____

Donor Email: _____ Donor Phone: _____

I hereby confirm that I have or will provide to the _____ department of Marion County, Kansas, the following services or described property and will attach or provide any detail regarding the provision of the same:

Currently valued at approximately \$ _____

☐ I authorize Marion County, Kansas, to publicly recognize the donation.

☐ I request that my donation not be publicly recognized by Marion County, Kansas.

Signature: _____ Date: _____

Please submit the completed application to the Marion County Administrator's Office:
200 S. Third St., Suite 101, Marion, KS 66861-1656
email: mncountyadmin@marioncoks.net

On behalf of Marion County, Kansas, I gratefully receive and/or acknowledge the above described donation.

Received by: _____ Title: _____

Signature: _____ Date: _____