



Gift-in-kind Contribution Form

Date _____

Please fill out this form completely and accurately with all available information and details.

Please print carefully. Legibility is essential for our records.

Donor's name must be printed exactly as you would like it to appear in publications.

Name of Donor _____

Contact Person _____

Street Address _____ City _____ Zip _____

Day Phone () _____ Evening Phone () _____

E-mail _____

Description of the Donation _____

Estimated Retail Value \$ _____

Donation Expiration Date _____

Restrictions, if any _____

Pick Up instructions _____
