

## Gift-In-Kind Donation Form

Donor Name or Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Item Donated \_\_\_\_\_

Detailed Description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Retail Value \_\_\_\_\_ Expiration Date (if applicable) \_\_\_\_\_

Does this item need to be picked up?  Yes  No

If so, where and when? \_\_\_\_\_

Donor Signature \_\_\_\_\_