



GIFT IN KIND DONATION

Contact Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____ Fax: _____

Email: _____ Cell: _____

Donation description (please provide as many details as possible):

Quantity: _____

Approximate value of donation: \$ _____

Donation Drops off times are Monday from 10a-12p and Tuesday from 2p-4p

Date/Time requested to drop off: _____