

In-Kind Donation Form

| Item Name | |
|---|-----|
| Estimated Value: \$ | |
| Item Description: | |
| | |
| I would like to remain anonymous: Yes No | |
| Name: | |
| Organization: | |
| Street Address: | |
| City: | |
| State: Z | IP: |
| Phone: | |
| Email: | |
| Other comments: | |
| | |
| | |
| Certificates & physical items can be mailed to: | |

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