

IN-KIND DONATION

An Item or Service Donation

Item Donated to the Share Your Heart Ball: _____

Donor stated retail value: _____
(Required)

Donor/Company Name: _____
(As you would like listed on all event materials)

Contact First Name: _____ Contact Last Name: _____
(If different than donor name)

Donor/Company Address: _____
(Where a tax letter should be mailed)

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Describe donation in detail. Please be complete. (i.e. color, quantity, size, etc.) _____

Describe any item restrictions, limitations or special circumstances. (i.e. expiration date) _____

Item:

- Item accompanies this form
- Gift Certificate is attached to this form
- You have my permission to create a Gift Certificate
- I will provide marketing items to be displayed at event

Delivery:

- I will deliver or ship
- Please call me to arrange pick up

Office Use Only

Volunteer _____

Item # _____ Package _____

Live or Silent Event Support

