



**IN-KIND
DONATION
FORM - 2015**

Organization Information

*** Please print and provide complete information***

Organization Name: _____

Mailing Address: _____

Physical address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Fax: _____

Web site: _____

Contact Person: _____ Email address: _____

Cell or daytime number: _____

Donation for Event Location: ___ Anaheim ___ Moreno Valley ___ TBD ___ TBD ___ TBD

Please list Donations you will provide: ***Use additional space on the back if needed***

| Donation Description | Quantity |
|----------------------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total Cash Value | \$ |

When will the donation items be available? _____

Will your organization deliver the items or is a pick up required? _____

Will people from your organization be able to volunteer the day of the event? _____

Use additional space on the back if needed

| Name | Position / Department | Times Available |
|-------|-----------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |