



## In-Kind Donation Form

### DONOR INFORMATION

Name of Company:

Contact & Title:

Address:

City:

State:

Zip:

Phone:

Email:

### DONATION INFORMATION (to be completed by donor)

Description of donation (will be included in display at the event):

Please check one:    Item is a good            Item is a service

Please check one:    Item is enclosed            Item needs to be picked up

*Note: If item is a service, a certificate or letter will be needed for display at the auction.*

Fair Market Value of donated item/service:

Date of donation:

Date of item expiration (if applicable):

Donor Signature:

**Please return form to Make-A-Wish by email to: Krista Zagales at [kzagales@cnfl.wish.org](mailto:kzagales@cnfl.wish.org)**

**Or mail to the following address:**

Make-A-Wish Central and Northern Florida

Attn: Wishmaker's Ball

1020 North Orlando Avenue, Suite 100

Maitland, FL 32751

**Thank you for your support of Make-A-Wish Central and Northern Florida!**

### For Office Use

Constituent ID:

Solicitor of item:

Value Determined: