

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

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: