

In-Kind Donation Form

Name

Address

City State Zip Code

Email Phone Number

Fax Number Website

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Donation Designation:

General Donation (unrestricted, please use my gift as you see fit)

Other Program/Event Please specify:

Donated Item(s):

Description:

Retail Value: Exp. Date: * *If applicable. Please make all gift certificates valid for one year, if possible.

Please check one:

- Certificate/Item is enclosed.
- Certificate/Item will be delivered to CSCLA under separate cover.
- Certificate/Item will not be supplied...CSCLA please create one for me.
- Certificate/Item must be picked up. CSCLA please arrange pick up.

Signature: Date:

Please return this form and donated item to:

Cancer Support Community Los Angeles
Attn: Madison Shearer, Development Coordinator
1990 S. Bundy Drive, Suite 100
Los Angeles, CA 90025

Phone: 310-314-2555 x2594
Fax: 310-979-7586
Email: mshearer@cancersupportla.org
Web: www.cancersupportla.org

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Tax ID #33-0287070