



# In-Kind Donation Form

Name

Address

City  State  Zip Code

Email  Phone Number

Fax Number  Website

Facebook @  Twitter @  Instagram @

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: Development  
1990 S. Bundy Drive, Suite 100  
Los Angeles, CA 90025

**Phone:** 310-314-2555 x2594  
**Fax:** 310-979-7586  
**Email:** [development@cancersupportla.org](mailto:development@cancersupportla.org)  
**Web:** [www.cancersupportla.org](http://www.cancersupportla.org)

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