

# IN-KIND DONATION FORM

DATE:\* \_\_\_\_\_ TIME: \_\_\_\_\_ FORM COMPLETED BY: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

IF APPLICABLE

NAME\* \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

IF DONOR IS UNDER 18 YEARS OF AGE

MAILING ADDRESS:\* \_\_\_\_\_

CITY:\* \_\_\_\_\_ STATE:\* \_\_\_\_\_ ZIP:\* \_\_\_\_\_

PHONE:\* \_\_\_\_\_ EMAIL: \_\_\_\_\_

DONATION DESCRIPTION:\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF ITEMS: \_\_\_\_\_ ESTIMATED VALUE: \_\_\_\_\_ NUMBER OF INDIVIDUALS INVOLVED: \_\_\_\_\_

LOCATION RECEIVED/ADDITIONAL INFORMATION: \_\_\_\_\_  
\_\_\_\_\_

For more information about our in-kind donations, call **319-467-8087** or visit our website at **[uihc.org/donations](https://uihc.org/donations)**.

## OFFICE USE ONLY

PHOTO TAKEN: YES NO CONSENT: YES NO

DATE THANK-YOU WRITTEN: \_\_\_\_\_ WRITTEN BY: \_\_\_\_\_

ENTERED INTO VSYS BY: \_\_\_\_\_