

Gift In-Kind Donation Form

Date: _____

Please fill out this form completely and accurately with all available information and details. Please print donor name exactly as you would like it to appear in publications.

Company / Organization Name _____

Contact Person / Title _____

Street Address _____

City _____ State _____ Zip _____

Day Phone _____ Fax _____

Email Address _____

Description of Gift / Donation (please be specific) _____

Restrictions (if any) _____

Dollar Value \$ _____

Authorized Signature / Date _____

Reason for Donation _____



Thank you for your generosity!

P.O. Box 186 ° Walnut Creek, CA 94597 ° P: (925) 933 WCEF (9233) ° F: (925) 938 8383 ° contact@wcefk12.org ° wcefk12.org

WCEF is a 501(c)(3) non-profit corporation, EIN #94-2915151. Your donation may be tax deductible; please check with your tax advisor!

