



*A nonprofit support community  
for anyone touched by cancer.*

# In-kind Donation/Pledge

## Donor Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Office phone: (\_\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please add me to your mailing list.

## In-kind Donation

I/We have donated the following: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The value of the donation is \$ \_\_\_\_\_

I/We would like to make my gift in honor or in memory of: \_\_\_\_\_

\_\_\_\_\_

Please send notification of my gift to:

Recipient name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Acknowledgement

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I/We wish to have the in-kind donation remain anonymous.

Donor signature: \_\_\_\_\_ Date: \_\_\_\_\_