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## In-Kind Donation Form *Caregiver Appreciation Day*

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| Donor Information |
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|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
| Business Name: | First   | Last |  |
|  |  |  |  |
|  Address: |  |  |  |
|  | Street Address |  | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: | ( ) |  |  |

|  |  |
| --- | --- |
| Email: |  |
|  |  |

 |
| Donated Item Information |
| I would prefer this gift to remain anonymous. [ ] Please acknowledge my business in marketing materials. [ ]  |
| Value of item $  |
|

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| --- |
|[ ]  Raffle Item  |
|  | Item Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- |
|[ ]  Item for Swag Bag  |  Number of items donated: | ­­­ |  |  |  |
|  | Item Description: |  |  |  |  |  |
|  |  |  |  |
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Email form to denise@vetspouse.org or mail to 101 Denison Ave. Elyria, OH 44035. For questions or additional information please call 440-477-4704.