



In-Kind Donation Form

Our Friends Place

Helping Girls & Young Women
... Soar to Success

_____ Individual _____ Organization/Corporation

Donor Name _____
(Please print name exactly as it should appear, including capitalizations and punctuation)

Contact _____

Address _____

City/ST/Zip _____

Phone _____ Fax _____

Email _____ Website _____

Yes! I/We would like to help at-risk girls and young women soar to success.

ITEM DESCRIPTION

FAIR MARKET VALUE

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please detail any restrictions. _____

Is the item or gift certificate included with this form? _____ Yes _____ No

Will it be delivered? ___ Yes ___ No Date _____

Will it need to be picked up? ___ Yes ___ No Date _____ Location _____

_____ Please keep my gift anonymous.

Please return the completed In-Kind Donation form to:
Our Friends Place
2501 Oak Lawn Avenue, Suite 500 • Dallas, TX 75219
214.520.6268 • 214.526.6219 fax • rebecca.rhule@ourfriendsplace.org