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|-----------|-------|
| Category | _____ |
| Item # | _____ |
| Package # | _____ |
| Type | _____ |

In-Kind Donation Form

DATE: _____

DONOR INFORMATION

CONTACT NAME: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

SIGNATURE OF DONOR: X _____

RECOGNITION: _____

Please be specific as to how you wish to be listed in marketing assets. If left blank, recognition will be company or contact name above.

I do not want recognition.

DONATION INFORMATION

ITEM DESCRIPTION: _____

RESTRICTIONS: _____

EXPIRATION DATE (Items are for 2024 events. Please set expiration to **after 12/31/25**): _____

DECLARED VALUE: \$ _____

Please check appropriate box:

- Item(s) enclosed.
- Item(s) will be delivered to YWCA by (date) _____
- Please call to arrange pick-up.
- I would like to make a cash donation of \$ _____ in lieu of an item.
- Contact me about promoting my business with an ad in the event program.

Please mail items and certificates to:
YWCA Metro Phoenix
8561 N. 61st Ave.
Glendale, AZ 85302

**YWCA Metropolitan Phoenix is a 501(c)(3).
Tax ID is 86-0098936.**

602.258.0990 | ywcaaz.org