Donor/Business Name

Contact (First & Last Name)

Address:

City/State/Zip:

Telephone

DONATED ITEM: (Please use a separate form for each item) DETAILED DESCRIPTION (Include size, color, brand, model number, any restrictions, days available, expiration date, and location)

Value of Donation $

THIS ITEM IS:

A Tangible Item: ___ Date item will be available to pick up or be delivered: ___/___/_____

Item is a gift certificate: ___ Donor will provide a certificate: ______

When does the certificate expire? ___/___/____ AccOIN has permission to produce: ______

Item: ________________________________________________________________

Any Restrictions: ______________________________________________________

Contact ___________________________ Phone _____________________________

Authorized by (Name): ___________________________ Title __________________

(Signature): __________________________________________________________________

PROCURER’S NAME: ___________________________ PHONE: ____________________