



IN-KIND DONATION FORM

Donor Information					
Business or Organization	n	OR	Indivi	dual	
Name of Business or Organization		-	First N	lame	MI
Contact Name		_	Last N	 lame	
Email Address					
Mailing Address					
Address					
			7.		
City	State		Zip	Phone	
Donated Items					
Your estimates below will help us recognize your gift appropriately. Description of item(s) or service(s)					\$\$ \$
Would you like a booth sp Booth spaces include 1 6' x 3	pace at the event? yes 30" table and 2 chairs. The vendor are	n	0		
Additional Informat	ion				
have sponsorship or donation qu IRS (please consult your tax advis	nd for supporting the Building Educational uestions, please contact BestArts@pacificosor or IRS publications for details). Pacific of is form for your records. Ref: Tax ID 95-1	<mark>oaks.edu</mark> Oaks Col	or (626) 52	<mark>29-8092</mark> . Sponsorships are ta	ax-deductible as determined by the
Date of Donation	Print Name			Signatu	ure
In appreciation for your sup BestArts@pacificoaks.edu	pport, we will be recognizing you/y	your co	mpany at	our event and prograr	n, please send your logo to:

Please return this completed form with your donation to: