



## GENERAL IN-KIND DONATION FORM

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ This donation will be used by Serving Seniors for: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone #: (       ) \_\_\_\_\_

Email: \_\_\_\_\_

Description:

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*Estimated Value at \$* \_\_\_\_\_

☐ Please help Serving Seniors save postage costs and send the newsletter to me by Email.

Serving Seniors Staff *SIGNATURE*: \_\_\_\_\_

Date: \_\_\_\_\_

For Serving Seniors Use:

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