



# Brevard Family Partnership A Community Based Care Agency

## In Kind Donation Information

Company Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) - \_\_\_\_\_

Program designation (if applicable): \_\_\_\_\_

Items Donated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Value of Items Donated: \$ \_\_\_\_\_

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

I give Brevard Family Partnership permission to publish my name on donor listings and other publications

I decline permission for Brevard Family Partnership to publish my name on donor listings and publications