



## Donation Information

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

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

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

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

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

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

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

Items Donated:

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

Total Value of Items Donated (Determined by Donor): \$ \_\_\_\_\_

Is this an In-Kind Donation? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Donor 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.