

In-Kind Donation Form

DATE: _____

FOR OFFICE USE ONLY
Category
Item #
Package #
Туре

ITEN 4 0 E O	
ITEM SEC	URED BY (COMMITTEE MEMBER):
	DONOR INFORMATION
CONTAC	T NAME:
COMPAN	NY/ORGANIZATION:
ADDRES	SS:
CITY, ST	ATE, ZIP:
PHONE I	NUMBER: EMAIL:
SIGNATU	JRE OF DONOR: X
	ecific as to how you wish to be listed in the program. If left blank, recognition will be company or contact name above. I do not want recognition DONATION INFORMATION
ITEM DES	CRIPTION:
RESTRICT	TIONS:
	ON DATE (Items are for 2024 event. Please set expiration to after 12/31/24):
DECLARE	ED VALUE: \$
	eck appropriate box: Item(s) enclosed
	Item(s) will be delivered to the Arizona Humane Society by (date)
	Please call to arrange pick-up
	I would like to make a cash donation of \$ in lieu of an item
	Contact me about promoting my business with an advertisement in the

Donations must be received no later than September 18, 2024.

Please mail items and certificates to:
Arizona Humane Society, Attn: Event Specialist, 1521 W. Dobbins Road, Phoenix, AZ 85041 For general questions, please email cwf@azhumane.org.

Arizona Humane Society is a 501(c)(3). The Employer Identification Number is 86-0135567.