



IN-KIND DONATION FORM

Thank you for helping breast cancer patients in need
by supporting KaleidoHope.

DONOR INFORMATION (PLEASE PRINT OR TYPE)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Business Phone: _____

Email: _____

DONATION INFORMATION

Item/Service being donated: _____

Donor's estimated value of donation: \$ _____

ACKNOWLEDGEMENT INFORMATION

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

Signature: _____ Date: _____