



Form #

# In-Kind Donation Form

CCAF Tax ID # 03-0542702

Date: \_\_\_\_\_  
 Donor Contact Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Donor Listing for Program** (if applicable):

Attach Donor Business Card

**Item Description**

**Item Value**

1 _____	
_____	
2 _____	
_____	
3 _____	
_____	
4 _____	
_____	

Restrictions/Expiration, if any: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Item will be: Taken Today  Picked-up  [date & time of pick up: \_\_\_\_\_ ]

Or... Gift Certificate Provided by: Donor  Committee

CCAF Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

5951 Village Center Loop Rd.  
San Diego, CA 92130  
(858) 350-0253 Ext 4005

Copies: Two to CCAF, Yellow to Donor