



CANYON CREST ACADEMY  
**FOUNDATION**

## In-Kind Donation Form

CCAF Tax ID # 03-0542702

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

Donor Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Signature of

Donor: \_\_\_\_\_

Attach Donor Business Card

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|  |
|--|

Donor Listing for Program (if applicable): \_\_\_\_\_

### Item Description

### Item Value

|    |  |
|----|--|
| 1. |  |
|    |  |
| 2. |  |
|    |  |
| 3. |  |
|    |  |
| 4. |  |
|    |  |

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

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

Phone: \_\_\_\_\_

White copy to CCAF  
Pink copy to Donor

Canyon Crest Academy Foundation  
5951 Village Center Loop Road  
San Diego, CA 92130  
(858) 350-0253 Ext 4086