

# IN-KIND DONATION FORM - 2020



PLEASE PRINT

**DONOR/BUSINESS** *(How you would like to be acknowledged)*

**CONTACT NAME** *(if different than above)*

**MAILING ADDRESS**

**CITY**

**STATE**

**ZIP**

**EMAIL**

**PHONE**

**DONATION DESCRIPTION:** *(one form per item)*

**DONATION RESTRICTIONS/BLACKOUT DATES/EXPIRATION DATE:**

**DONATION:**    ENCLOSED    WILL MAIL    WILL DELIVER TO ACS OFFICE    DONATION NEEDS TO BE PICKED UP

**DONATION VALUE:** \$ \_\_\_\_\_

Please include a completed donation with your item. Or, email completed form to [Rosella.Saucier@cancer.org](mailto:Rosella.Saucier@cancer.org)  
619.873.7851



American Cancer Society  
Tax ID# 131-1788491