



**IN-KIND DONATION FORM**

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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We are pleased to donate the following item, service or product to be used as a raffle item at *The Center of Concern's* Annual **OKTOBERFEST on October 15, 2016**.

Item \_\_\_\_\_

Description \_\_\_\_\_

Value: \$\_\_\_\_\_

Are there special restrictions? \_\_\_\_\_

*If there are date limitations, please start usable period no earlier than October 3, 2015.*

The item/service/product:

\_\_\_\_\_ is enclosed/attached                      \_\_\_\_\_ will be mailed/delivered

\_\_\_\_\_ please Pick up                                      \_\_\_\_\_ other \_\_\_\_\_

To be sure of listing at the event, please confirm gift by October 3, 2016

**For more information, please contact:**

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