



IN-KIND DONATION FORM

Contact Name: _____

Business Name: _____

Phone: (_____) _____

Address: _____ City: _____ Zip: _____

Email: _____

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 September 30, 2017**.

Item _____

Description _____

Value: \$ _____

Are there special restrictions? _____

If there are date limitations, please start usable period no earlier than September 30, 2017.

The item/service/product:

_____ is enclosed/attached

_____ will be mailed/delivered

_____ please Pick up

_____ other _____

To be sure of recognition at the event, please confirm gift by September 15, 2017

For more information, please contact:

Suzanne Dahm, 847 825-0993 or email sldahm@aol.com
Greg Eklund, 847-823-0453 or email geklund@centerofconcern.org

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