



THE 37TH ANNUAL CELEBRATION

GIFT IN KIND - DONATION FORM

- I will deliver to Metropolitan Family Services' office
- Please contact me to arrange pick-up Other

Complete item description (size, services offered, dates available, restrictions, etc.):

Estimated Value: _____ Exp. Date*: _____

* We kindly request that the expiration date be at least one year from the date of the event or later.

DONOR INFORMATION _____

- Individual Corporation _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Fax: _____ Email: _____

Donor Name (How you wish to be listed): _____

Donor Signature: _____ Date: _____

SUBMIT BY FRIDAY, OCTOBER 12, 2018 _____

Mail: Metropolitan Family Services
Attn: Sarah Rifkind
1 North Dearborn, Suite 1000
Chicago, IL 60602

For more information please contact
Sarah Rifkind
Fax: 312-986-4289 **Phone:** 312-986-4172
Email: rifkinds@metrofamily.org



TICKETS + EVENT DETAILS AT
METROFAMILY.ORG/EVENTS/MPOWER-THE-NIGHT