

IN-KIND DONATION FORM



THURSDAY, JUNE 13, 2019

DONOR INFORMATION

INDIVIDUAL CORPORATE

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PHONE _____ FAX _____ EMAIL _____

DONOR LISTING (PLEASE SPECIFY HOW YOU/YOUR COMPANY WOULD LIKE TO BE LISTED)

DONATION/ITEM INFORMATION

COMPLETE DESCRIPTION (INCLUDE SIZE, SERVICES OFFERED, DATES AVAILABLE, RESTRICTIONS, ETC.)

DONOR'S ESTIMATED VALUE \$ _____ EXPIRATION DATE ____ / ____ / ____

We kindly request that the expiration date be at least one year from the date of the event, June 13, 2019.

DONOR SIGNATURE _____ DATE ____ / ____ / ____

PLEASE MAIL COMPLETED FORM TO:

Metropolitan Family Services
Attn: Sarah Rifkind, External Affairs
One North Dearborn, Suite 1000
Chicago, IL 60602

EMAIL COMPLETED FORM TO: rifkinds@metrofamily.org

FAX COMPLETED FORM TO: Sarah Rifkind at 312-986-4289

FOR QUESTIONS OR MORE INFORMATION PLEASE CONTACT:
Sarah Rifkind at 312-986-4172 or rifkinds@metrofamily.org

VISIT US ONLINE AT:

www.metrofamily.org/events/wine-mixer



metropolitan family services™

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