

Thursday, September 19, 2024 Crowne Plaza Executive Center

In-Kind

Company Name:	(as you wish it to appea	ar in printed materials)		
Contact Person:	Position/Title:			
Mailing Address:				
City:				
Office Phone:				
E-mail:				
Detailed Description of Donated	l Item(s) (include special procedures)	restrictions, expiration	dates, dimensions, if any):	
1.				
Quantity: Approximate	/alue:			
2				
2.				
Quantity: Approximate	/alue:			
3.				
Quantity: Approximate \	/alue·			
Approximate				
Signature:			Date:	
J				
Donation Delivery				
Item is enclosed				
The item(s) will be delivered/ser	nt on:			
Please call to discuss delivery/pi	ck up			