



In-Kind Donation Form

Date: _____

Item Value: _____

My company/I will be donating: _____

Donor Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

_____ Item will be mailed to Ross Howell at: Easterseals Colorado, 393 S Harlan St Ste 250, Lakewood, CO 80226

_____ Item will be dropped off to Ross Howell at: Easterseals Colorado, 393 S Harlan St Ste 250, Lakewood, CO 80226

_____ Item will need to be picked (Easterseals Colorado staff will reach out to scheduled pickup)

Questions? Please contact:

Ross Howell

Easterseals Colorado

303.233.1666x415

720.254.7257 Cell

rhowell@eastersealscolorado.org

Easterseals Colorado is a 501(c)(3) organization. Tax I.D. # 84-0412575

Thank you so much for your donation; it will make a difference in the lives of the children and adults with disabilities who rely on Easterseals Colorado services!

Easterseals Colorado

393 S Harlan St, Suite 250 • Lakewood, CO 80226

Phone 303.233.1666 • Fax 303.233.1028

www.eastersealscolorado.org