



# IN-KIND DONATION

EBF TIN: 86-0093224

The following describes services or materials donated to **Easterseals Blake Foundation** on \_\_\_\_\_  
Date

## Donor Information:

Individual / Company Name \_\_\_\_\_ Company Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name as you wish to be recognized: \_\_\_\_\_  Donor wishes to remain anonymous.

**Description of donation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service \$ \_\_\_\_\_ Materials \$ \_\_\_\_\_ Fair Market value of donation \$ \_\_\_\_\_  
Actual value of service you were not paid to perform. Actual value of materials you were not paid for. Attach list of materials. As stated by donor.

**Donation for:**  Blake Foundation  In honor of: \_\_\_\_\_  Other \_\_\_\_\_  
 Walk Run Roll  Fun in the Sun! Golf  Cooking with the Stars  
 Blake Behavioral Health  Blake Children & Family  Blake Employment & Community Living

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_ EBF Contact: \_\_\_\_\_

**Return to:** Easterseals Blake Foundation  
c/o Development  
7750 E Broadway Blvd., Suite A200  
Tucson, AZ 85710

**FAX:** 520.327.1836

**Questions:** 520.327.1529 ext 7077

**OFFICE USE**  
Received: \_\_\_\_\_ Initial: \_\_\_\_\_  
Copy:  Finance  Donor  Committee

*All people deserve the chance to live healthy, productive and independent lives.*