

IN-KIND DONATION FORM



Date: _____

Estimated value (important): \$ _____

Received by: _____

Contact: _____

Company/Organization name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email address: _____

Acknowledgment should be sent to:

Same as above

Other: _____

Describe items donated:

Additional comments:

This form can be filled online, for email or printing. Please return to:

Terri Black
Terri.Black@austinpcc.org

or

People's Community Clinic
c/o Terri Black
1101 Camino La Costa
Austin, TX 78752

Internal use

SM: _____

