

# IN-KIND DONATION FORM



Date: \_\_\_\_\_

Estimated value (important): \$ \_\_\_\_\_

Received by: \_\_\_\_\_

Contact: \_\_\_\_\_

Company/Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_

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 Quash  
[Terri.Quash@austinpcc.org](mailto:Terri.Quash@austinpcc.org) or

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

Internal use  
SM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_