



Thursday August 18, 2016

In-Kind Donation Form

Date: _____

Donated Item: _____

Name of Contributor: _____

Name of Company: _____

Address: _____

City: _____

State: _____ **ZIP:** _____

Phone: _____

Email: _____

Estimated Value of Item: _____

For official use only:

Solicited By: _____

It is important for us to acknowledge each donation. Please complete this form for each donation and return it with the in-kind gift to:

Georgia Jackson, Office of Advancement
Mill Neck Family of Organizations
40 Frost Mill Road
Mill Neck, NY 11765



Mill Neck Family of Organizations
40 Frost Mill Road, P.O. Box 12
Mill Neck, NY 11765
516-628-4332
Fax 516-922-4172
www.millneck.org

Thank You!