



The Associate Board of Gilda's Club New York City

EVENT IN-KIND DONATION AGREEMENT

Please print:

Event Name:

Event Date:

Associate Board Contact:

Donor Name/Company Name, as you would like to appear in written materials and on our website:

DETAILS

1. Description of Item(s)/Services being donated: _____

2. Special Instructions/Restrictions: _____

3. Retail Value: \$ _____

4. If donated item(s) are not used for this benefit, I/we give permission for this donation to be used at a future GCNYC fundraising event Yes No

DELIVERY METHOD

1. Merchandise/Certificate delivery date: _____

2. Delivery Location:

3. Deliverer Contact:

Donor's Signature: _____ Date: _____

RAFFLE DONOR CONTACT INFORMATION

Donor Contact Name:

Donor Name/Company Name:

Address: _____ Apt/Suite/Floor No. _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ E-mail Address: _____

Once completed, please return to:

Savannah Walker, Development Associate

Gilda's Club New York City

195 West Houston Street

New York, NY 10014

Ph. 212-647-9700 x121, Fax 212-647-1154 or Email swalker@gildasclubnyc.org

Gilda's Club New York City is a 501(c)(3) charitable organization. Federal Tax ID#: 13-4046652.

*You may wish to consult your tax and legal advisors with regard to
the treatment of this donation(s) for tax purposes.*

For Office Use: Solicitor: _____

Date Received: _____