

# 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:

Ashly Mata  
Ashly.Mata@austinpcc.org

or

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

Internal use

SM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_