

IN-KIND DONATION FORM



**PEOPLE'S
COMMUNITY
CLINIC**

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:

fundraising@austinpcc.org

or

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

Internal use

SM: _____

