



**IN-KIND DONATION AGREEMENT FORM**

**DONOR NAME/COMPANY NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone (Day):** \_\_\_\_\_

**Name of Item:** \_\_\_\_\_ **Estimated Value: \$** \_\_\_\_\_

**DESCRIPTION OF DONATION:**

\_\_\_\_\_  
\_\_\_\_\_

**STATE ANY CONDITIONS OR LIMITATIONS OF DONATION:**

\_\_\_\_\_  
\_\_\_\_\_

**Donor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE RETURN THIS AGREEMENT AS SOON AS POSSIBLE.**

**The mailing address for product delivery is:**

**NorthBridge College Success Program  
7000 E. Shea Blvd., Ste. J-262  
Scottsdale, AZ 85254  
Tax Id number: 47-1080353**

For more information or to schedule an item pickup, please contact Allison Mintz at (480) 991-3686

*All gifts to NorthBridge College Success Program are tax deductible within the law. Thank you for your generous support!*

<b>OFFICE USE ONLY:</b>	
Solicitor: _____	Phone: _____
Category: _____	Item Number _____
Location: _____	Thank You Sent (Date) _____