



In-Kind Donation Agreement

Donor Information

DONOR NAME/COMPANY (Please print as you wish it to appear in all donor recognition materials.)

CONTACT NAME (If different than above)

CONTACT TITLE

ADDRESS

PHONE

FAX

EMAIL

WEBSITE

Donation Description

| Description of Donated Goods/Services/Cash (attach additional pages if necessary) | Estimate of Fair Market Value | Terms/Restrictions (if applicable) |
|--------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

Delivery of Donation

Mail/Deliver to Project Access **before May 10, 2019.**

Please mail donations to: Project Access 9th Annual Golf Tournament, Attn: Breanna Fernandez, 2100 W. Orangewood Ave, Ste 230, Orange, CA 92868

Pick-up by Project Access

DATE AVAILABLE

ADDRESS OF PICK UP

Donor Agreement

The undersigned Donor hereby agrees to donate the item(s) identified herein to Project Access, Inc. It is understood that Donor's name may be acknowledged in print and other means as specified by Project Access, Inc.

DONOR SIGNATURE

DATE

Project Access, Inc. gratefully acknowledges and accepts the donation of the above described items. THANK YOU!!!

Tax ID #: 33-0834635

Submit to: Development Department
Project Access Charity Golf Tournament, 2100 W. Orangewood Avenue, Suite 230; Orange, CA 92868
PHONE: (949) 253-6200 | FAX: (714) 940-9803 | EMAIL: development@project-access.org