


In-Kind Donation Form

Please complete each section to ensure proper acknowledgement of your donation.



 Event Name: _____

Event Location: _____

Event Date: _____

Please include a description, monetary value, and category for your donation:

ITEM #1: _____

VALUE: \$ _____ (Donations cannot be properly acknowledged without a monetary value.)

- CATEGORY: Prize (i.e. gift certificate, gift basket, award) Supplies (i.e. refreshments, decorations)
 Entertainment (i.e. clown, photographer, face painter) Services (i.e. venue, printing, postage)
 Other _____

ITEM #2: _____

VALUE: \$ _____ (Donations cannot be properly acknowledged without a monetary value.)

- CATEGORY: Prize (i.e. gift certificate, gift basket, award) Supplies (i.e. refreshments, decorations)
 Entertainment (i.e. clown, photographer, face painter) Services (i.e. venue, printing, postage)
 Other _____

Name or Company _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Signature _____ Date _____

QUESTIONS?

Donations are tax deductible to the full extent of the law.

Tuberous Sclerosis Alliance is a nonprofit 501(c)3 corporation:
TAX ID: 95-3018799

