



IN-KIND DONATION FORM

Please take a moment to fill in the information below so we can properly thank you for your donation and provide you with documentation for tax purposes:

Donor:		Email:	
Contact Person (if donor is an organization):		Phone:	
Address:			
City:		State:	ZIP:
ITEMS DONATED			
Quantity		Description (please note condition)	
	<input type="checkbox"/> New <input type="checkbox"/> Used		
	<input type="checkbox"/> New <input type="checkbox"/> Used		
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	<input type="checkbox"/> New <input type="checkbox"/> Used		
	<input type="checkbox"/> New <input type="checkbox"/> Used		
Comments:			
Staff Receiving Gift:			Date:
Program/Site:			

Please return this form to LCFS Development Department:
 Email: LCFS_Info@lcfs.org
 Phone: 630-470-3853 | Fax: 708-771-7184
 Mail: LCFS, One Oakbrook Terrace, Ste 501, Oakbrook Terrace, IL 60181