

2017 Be the Hope Reception In-Kind Donation Form

*Please fill it out one form per donated item.

Donating Company Information:

Company Name: _____

Recognition Name: _____
(Items valued at \$50+ will be recognized in event program)

Company Contact: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Contact Name: _____

Email Address: _____

Donated Items Name & Description:

Fair Market Value

Fair Market Value of Each Item: \$ _____

Number of Items Contributed: _____ Total Fair Market Value: \$ _____

Please Mail This Form To:

HDSA, Attn: Heather Hammond, P.O. Box 4458 Saint Paul, MN 55104