



## In-Kind Donation Form

Donor:		
Company/Organization Name:		
Address:		
City:	State:	Zip:
Phone:	( ) Home ( ) Cell ( ) Business	Fax:
Email Address:		( ) Personal ( ) Business

Donor's Estimated Value of Goods Donated:
Description of Goods Donated (please be specific):
Associated with an event?                      Which one?

Volunteer Hours:	Volunteering Date: _____
_____ Number of People X _____ Hours = _____ Total Volunteer Hours	
How did you hear about Caitlin's Smiles?	

Office Use: Rec'd by: _____ Date: _____
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**3303 N. 6<sup>th</sup> St., Harrisburg, PA 17112**  
**717-412-4759**  
**Email: [office.caitlinssmiles@comcast.org](mailto:office.caitlinssmiles@comcast.org)**  
**Website: [caitlins-smiles.org](http://caitlins-smiles.org)**