



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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Website: caitlins-smiles.org