

In-kind Donor Form

Date Submitted: _____

Name of Donor: _____
Company: _____
Street or P.O. Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ E-Mail: _____
Donor's Signature: _____

Description of Item(s) Donated:

Estimated value of donation: \$ _____ (labor)
\$ _____ (material)
Total: \$ _____

Donation Received by: _____

Date Received: _____

Return this form, using one of the following:

Postal Mail:

Rebuilding Together Peninsula
841 Kaynyne Street, Redwood City, CA 94063

FAX: 650-366-9053 | Phone: 650-366-6597

Email: info@rebuildingtogetherpeninsula.org

FOR OFFICE USE ONLY:

LETTER SENT: ____/____/____ BY: _____
