

IN-KIND DONATION FORM

Primary Contact Name(s): _____

Business Name (If applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Donated Item(s) Include: _____

Total Value: \$ _____ Date: _____

PLEASE MAIL FORM AND DONATED ITEM(S) TO:

Cure SMA
925 Busse Rd
Elk Grove Village, IL, 60007

- Gift Certificate(s) or item(s) are enclosed
- I will deliver item(s) by ___/___/___ to (contact name): _____
- Please pick up item(s)/cash donation on ___/___/___ at (location): _____

*Cure SMA is a 501(c)(3) non-profit organization. Your contribution is tax deductible to the extent allowed by law.
Donor information is not shared or sold to any outside organizations.*

*Please keep a copy of this letter for your records and for tax purposes. Federal ID# 36-3320440.
For more information about Cure SMA, please visit www.cureSMA.org.*