



## In-Kind Donation Form

### I. Contributor

Business     Individual

Business \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### II. Type of Contribution (please select all that apply)

Gift Certificate    Item    Service    Experience    In-Kind Donation    Other

Estimated value of gift(s) \$ \_\_\_\_\_

Description of donation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expiration date or restrictions \_\_\_\_\_

**Please retain this form for your records and send a copy to:**

Kidd's Kids – Mardi Gras Masquerade

220 E. Las Colinas Blvd., Suite C-210, Irving, TX 75039

Office (972) 432-8595

Fax (214) 853-5212

Email: [logan@kiddskids.org](mailto:logan@kiddskids.org)

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