



TO CELEBRATE LIFE  
BREAST CANCER FOUNDATION

## In-Kind Donation of Non-Auction, Non-Monetary Goods or Services

### Required Donor Information

Individual \_\_\_\_\_

Firm/Organization \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Donation Details

Date of Service \_\_\_\_\_

Description \_\_\_\_\_

Value \$ \_\_\_\_\_

Name to be used for donor listing \_\_\_\_\_

I prefer my donation remain anonymous

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form by email to: [info@tocelebratelife.org](mailto:info@tocelebratelife.org)**

### Or mail to:

To Celebrate Life Breast Cancer Foundation  
P.O. Box 367  
Kentfield, CA 94914

### For additional information:

Website: [www.tocelebratelife.org](http://www.tocelebratelife.org)  
Phone: 415-455-5882  
Email: [info@tocelebratelife.org](mailto:info@tocelebratelife.org)

To Celebrate Life Breast Cancer Foundation, a 501(C)(3) non-profit organization. Tax ID# 94-3323358

For office use only:	GL:	Solicit:	QB:
----------------------	-----	----------	-----