



In-Kind Donation Form

Donor Name as you wish it to appear in print _____

Donated by _____

Company _____

Contact Person _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **Fax** _____ **E-mail** _____

Item Donated _____ **Est. Value** _____

ITEM DESCRIPTION AS IT SHOULD APPEAR IN PRINT (include expiration date, exclusions, rules and conditions that are applicable)

Donor Signature _____ **Date** _____

Item to be: Delivered to HAPS To be picked up

Pick-up/delivery deadline: March 27, 2019

Pickup Date _____ **Person to contact for pickup** _____

Pickup Location _____ **Contact Phone** _____

Houston Area Parkinson Society is a non-profit (501)(c)(3) organization that has served the Houston area since 1974. Contributions are deductible for income tax purposes to the extent allowed by law.