



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: April 13, 2018

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.