



RECORD OF NON-CASH DONATION

DONOR INFORMATION

Business/Donor (as it should appear in any recognition)		Contact Name
Address		City/State/Zip
Business/Home Phone #	Business/Home Fax #	Business/Home Email Address

DONATION INFORMATION

If Autism Delaware will need to create a gift certificate for your donation, please include as special instructions the expiration date and contact information if personal approval is needed to redeem.

Item Description (please include special instructions or restrictions)	Estimated Value (provided by donor)
1. _____ _____ _____	\$ _____
2. _____ _____ _____	\$ _____
3. _____ _____ _____	\$ _____
4. _____ _____ _____	\$ _____

If donating a gift certificate, please be sure the expiration date is at least six months from the date of the event (9/22/18).

Today's Date: _____ **Exp. Date (if applicable):** _____

Please Return Completed Form & Item To:

Autism Delaware– Lewes Office
17517 Nassau Commons Blvd.
Unit 1
Lewes, DE 19958
Ph: 302-644-3410
Fax: 302-827-2389

I need someone to pick up the donated item.
Best time to pick up: _____
Best Day to pick up: _____
Ask For: _____

OFFICE USE ONLY

Event: _____ Solicitor: _____