



The ALS Association
In-Kind Gift Donation Form

DONOR INFORMATION

Name or Business: _____

Contact Name and Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

DONATION INFORMATION

Description of Items (include type, brand, model number, etc. if applicable):

Donor Declared Value: \$ _____

Restrictions: _____

Signature of Donor: _____ Date: _____

Received by: _____ Date: _____