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INKIND DONATION CERTIFICATE & RECEIPT

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Contact Person:				Title:		
Address:				City/State/Zip:		
Day Phone: ()	Fax: ()		E-mail:		
Describe your donation:						
Fair Market Value of Donation (REQUIRED): \$						
Special instructions or restrictions (including expiration date):						
Pick Up/Delivery Instructions:						
Donor Signature (REQUIRED):					Date:	
Solicitor:					Date:	

Please Note: Donated items may be featured in the event materials when a *signed copy* of this form is returned to Zero Breast Cancer. Please include any marketing materials you may have such as your logo, brochures, or photos to help us promote your donation. For the highest quality representation of your brand logo, we recommend that you provide us with vector artwork (AI or EPS files) **Upload your logo to dipsea@zerobreastcancer.org**

Thank you for your generous donation

Questions? Please call 415.507.1949 or email dipsea@zerobreastcancer.org Zero Breast Cancer is a 501(c)(3) non-profit organization. **Tax I.D. Number 68-0386016** Your donation may be tax deductible to the extent allowable by law.