

In-Kind Donation Form

First Name: _____

Last Name: _____

Please select one of the following: Individual Business/Organization/Foundation

If Business, please supply Business Name: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

City, State, Zip: _____

Fair Market Value of In-Kind Item(s): \$ _____

Description of Item(s) Donated:

Please list any other information about this donation that you think would be helpful:

Sheltering Arms
385 Centennial Olympic Park Drive NW
Atlanta, GA 30313
404-523-9865
donate@shelteringarmsforkids.com