



Annual Gala

Thank you for your support of the Springtown ISD Education Foundation.

IN-KIND DONATION FORM

Tax-exempt number: 75-2526550

Please print clearly and complete each answer below.

Donor Name: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

(Mr.)(Mrs.)(Ms.): _____

Agrees to donate the following items or services to the Springtown ISD Education Foundation: _____

Detailed description of item (color, size, brand, etc.): _____

Estimated Retail Value: _____

Special Conditions (expiration, etc.): _____

Specific name to be thanked (if different from above): _____

Address: _____ City/State/Zip: _____

Please choose an appropriate box below:

- Gift card or certificate is attached to this form
- Item(s) in hand
- Item(s) to be sent to the SISD Administration Office
- Item(s) to be picked up by a SEF Representative

If you have any questions, please contact Mistie Rivera at fundraising@springtowneducationfoundation.org or call 817-565-5673

Mailing Address: Springtown ISD Education Foundation
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