



# IN-KIND DONATION FORM

*This form is to be filled out by the person donating items (non cash) and returned to Breaking Free*

**PLEASE PRINT**

Name/Company or Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

*In an effort to conserve on paper and postage, thank you letters will be emailed unless you request otherwise. Thank you!*

**Donated Item Description:**

Please describe the item(s) donated. Include a copy of receipt for donated item(s) or a list of items and their estimated value:

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Value of donated item(s): \$ \_\_\_\_\_

Hours used to complete project: \_\_\_\_\_ # of People Involved: \_\_\_\_\_

**Breaking Free**

**770 University Ave W Saint Paul, MN 55104**

Date Received: \_\_\_\_\_ Staff Name: \_\_\_\_\_