

TAILS OF HOPE | tailsofhopewpa.org at The Thomas M. O'Brien Animal Care Center

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## **In-Kind Donation Form**

Name:			Year:	
	City/State/Zip:			
Email:			Phone:	
	onated in-kind item(s) below:			
Date	Description	New or Used	# of item(s) @ \$ each	Total Estimated Value \$