



2024 In-Kind Donation Form

Please return completed form and supporting documentation to CCFsponsorships@gmail.com

Please note that your donation may be tax deductible to the extent provided by law. Please consult with your local tax professional.

Name of Company / Donor: _____

Contact Name: _____ Phone Number: _____ - _____ - _____

Email Address: _____

Mailing Address: _____

May we recognize you in our printed and digital marketing materials? Yes I'd prefer to stay anonymous

Business Name to use in Marketing Material: _____

Have you submitted your company logo in .png, .jpeg, format to the Sponsorship Committee? Yes Sending ASAP!

Description of Item(s) Donated:

Quantity of Item(s) Donated: _____ Expiration Date : _____

Value of Item(s) Donated: _____

Restrictions on Item(s) Donated: _____

Do you need this item to be picked up? Yes No, I can drop it off at Texas Scottish Rite Hospital – Frisco Location

Information about Donation

Additions

Would you like to participate in the event or purchase any of the associated merchandise?
___ \$15 – Standing Room Only Ticket
___ \$25 – T-Shirt
___ \$20 – Ornament
___ Please contact me about purchasing event tickets and / or Elf Houses.

Donor's Signature: _____ Date: _____